in.		-	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
	prom.		7322 Items 11,12 & 14 infor from birth certificate CERTIFICATE OF DEATH 6/23/61 iwk Reg. Di	07311
iled with	(M	1	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residen	
Filed	1	1	Wicomico maryland Wor	cstor
ad pa	(3)		b. CITY OR TOWN (If outside corporate limits, write RURAL and RURAL and give nearest lown) C. CITY OR TOWN (If outside corporate limits, write RURAL and ADD UN HILL)	give nearest town)
1	7	L	d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS d. STREET ADDRESS	B. IS RESIDENCE
	082	P	eninsula General Dighton Ave	YES NO
		3.	NAME OF DECEASED (Type or print) A DATE Month (Type or print) (Type or print)	Day Year
		5.		19 6
		-	make Colored WIDOWED [] DIVORCED [] June 20-196/ Vasi birthday) Months	Days Hours Min.
		10	3. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CIT	IZEN OF WHAT COUNTRY
		-		I.S.A.
	T	13	FATHER'S MAIDEN NAME	
	(1	15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address	
		(Ye	is, no, or uttility (1) (If yes, give wor affords of service) If FM	
			18. CAUSE OF DEATH [Enter only one couse per ine top (o), (b), and (c).]	INTERVAL BETWEEN
			PART I. DEATH WAS CAUSED BY: HERE (a)	ONCE AND DEATH
			1625 DUE TO PORTY TO THE WAY	Sphros
			Conditions, if ony, which gave rise to immediate DUE TO	7 hVS
			couse (a), stoling the <u>under-</u> fying couse lost. (c)	
		NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	T 1(0) 19. WAS AUTOPSY PERFORMED?
		FICAT		YES NO
	0	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OR CONTRIBUTING EXAMINER)	
		MEDICAL		County) (State
		MEC	Hour o. m. p. m. 19 While at work at wark	
			(12)	ost sow the decease
			alive on 6 21 , 19 61, and that death occurred at 4 AM, from the causes and on the	e date stated obov
	,		SIGNATURE alfred C tolls MD. medual Center	6/21/61
5			PHYSICIAN'S NAME (Type)	0:0
	-	72	BURIAL, CREMATION, 20b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (Chy. John, or county)	(Stote)
2			Januar John South Clemely South Hell	ma
	16	23	FONE PAL DI ECTOR'S CIENATURE AODRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SI	
	183	d	Well Sympie Sum Hell, MG DATE JUN 23 '61 and &	, Thousa
		1	00/0182 XVI	

		DIV	MA ISION OF	STATISTICAL RESEA		PARIMENI OI RECORDS — BALTI					
		7323		_	_	OF DEATH			(773	12
1. PLACE o. CO	OF DEATH	omico		MARYI		. USUAL RESIDENCE (WI	here decease	d lived. If instituti b. COUNTY	on: Reside		
RUE	RAL and give ne	f outside corporate leorest town) Springs		c. LENGTH OF STAY	N 16	c. CITY OR TOWN (IF o			URAL ond	give nea	rest fown)
d. NA OR	ME OF HOSPIT	AL (tf not in hospito	, give street			d. STREET ADDRESS Main					e. IS RESIDENCE ON A FARM? YES NO K
3. NAME DECEA (Type	OF ASED or print)	EDNA	First	Middle LOUISE	В	Last ENNETT	4. DATE OF DEATH	June)th	o. 4th	y Yeor 1961
5. sex Fema	ale	White	E 7. MAR	RIED NEVER MARRIE /ED DIVORCEE		one 28,188	39	9. AGE (In years lost birthday) 71 yrs.	Months	Doys	Hours Min.
10a. USU. durin	g most of work	ring life, even if retir	k done 10b ed)	Home	R INDUSTR	Mardela	-			USA	WHAT COUNTR
1		m H.Bead				Margare					
IS, WAS (Yes, no, or NO		R IN U. S. ARMED F.	of service)	. social security no.	17. INFO	evador Ben	nett	Marde.		prir	nga, Mā
18.		ATH [Enter only one TH WAS CAUSED B' IMMEDIATE CAUSE	fa i	ine for (o), (b), and (c).]		Thombosi	·3 . CL	cute			RVAL BETWEEN
go.	420, nditions, if o re rise to i se (o), stoling g couse tost.	mmediote ((b)	Coronary Artenosci	Sc.	lerosis is Gen	- ra 1	lized		1	2 4×2
FICATION		Dial	sete	s mell.	ifee	OT RELATED TO THE TERM			VEN IN PA	RT 1(0) 1	9. WAS AUTOPS PERFORMED? YES NO
OR C	ONTRIBUTING	AS UNDERLYING CAUSE OF DEAT MEDICAL EXAMINE	() ()			Enter nature of injury in					
5) 20c. 1	Hour a.m. p. m.	Y Month, Doy,	While			OF INJURY (Home, form y, street, office bldg., etc.		y or town)	_	(County)	(Sto
						7	11	5 11 19		1 1	

21 I certify that (1) (this haspital) attended the deceased from 3 / 1/2/2 1961, to 14 / 1/2/2 1961, that (1) (as) last saw the deceased alive an 13 Turks 1961, and that death accurred at 9 M, from the causes and an the date stated above. 22b. DATE SIGNED 22o. SIGNATURE ATTENDING PHYS. MED. DIRECTOR STAFF PHYS.

22c. PHYSICIAN'S NAME (Type) Schlesinger Dr. George

Springs.

Mardela 23d. LOCATION (City, town, or county)

(Stote)

Burial Specify) 6-16-61

BURIAL, CREMATION, 23b. DATE THEREOF

Mardela

23c. NAME OF CEMETERY OR CREMATORY

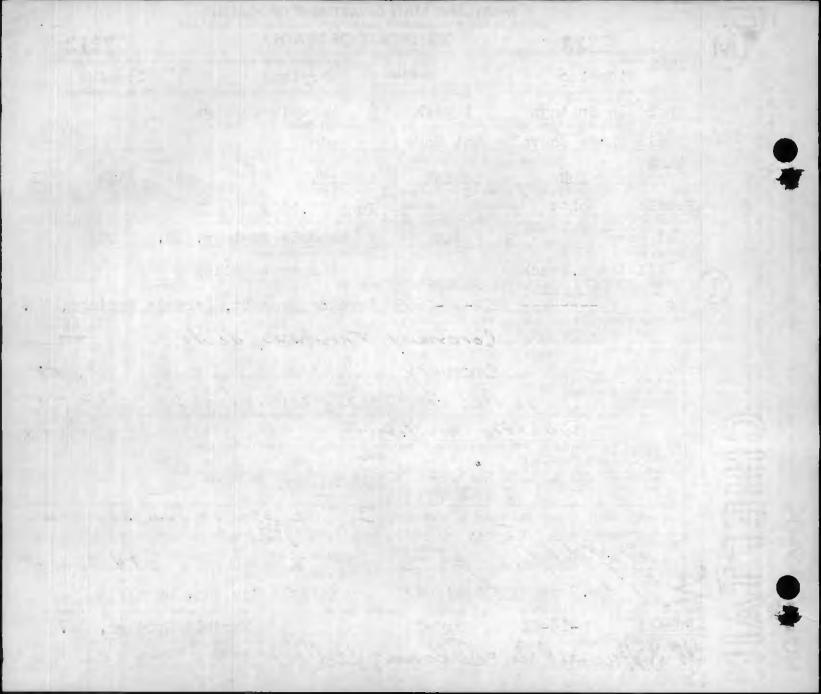
Mardela \$50. REC'D BY REGISTRAR JUN 1 6 '61

25b. REGISTRAR'S SIGNATURE

arthur S. Krous

Springs.

VR A15 (4) 15M 9/59



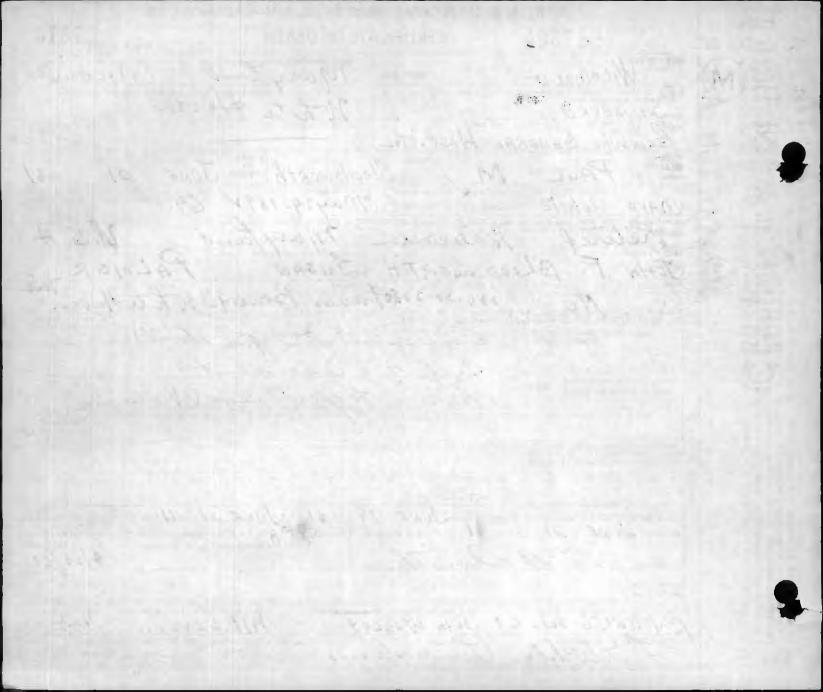
TO H

VS A15 (4) 15M 9/58

MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE, 18	
7324	CERTIFICATE	OF DEATH	

07313

	१७५५	CERTITION	AIE OI DEATH	Reg.	Dist. No.
1, PL#	COUNTY WICOMICO	MARYLAND	2. USUAL RESIDENCE (Where do	b. COUNTY	dence before admission)
	SALISBURY	TH OF STAY IN 16	c. CITHOR TOWN of outside	corporate limits, write RURAL on	d give nearest town)
d.	NAME OF HOSPITAL (If not in hospital, give street address) DENINSTITUTION ENINSULA GENERAL HO	SPITAL	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3. NA DE (Ty	ME OF CEASED PAUL First PAUL PAUL PAUL	Middle BI	loodsworth 4. 0	PATE JUNE Month	2/ Day Year 2/ 196/
5. SEX	MALE WHITE WIDOWED	DIVORCED	8. DATE OF BIRTH - 189	9. AGE (In years IF UND lost betteday) Month	S Doys Hours Min.
10a. U	SUAL OCCUPATION (Give kind of work done 10b. KIND OF uring the for working life, even if retired)	BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Slote or for	eigh/country) 12.0	S. A.
13. FA	TOHN F. BLOODSW	ORTH	14. MODHER'S MAIDEN NAME	PAL.	MER
		ECURITY NO.	virued Ben	wy-White	Haven
18	PART I. DEATH [Enter only one couse per line for (o), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	(b), and (c).]	nia (des	in dent)	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which (b)	VA.	accide	ent	
0	ove rise to immediate over the	ouse	Hyperten	wie CVidea	exac
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING TO DEATH BUT	NOT RELATED TO THE TERMINAL D	DISEASE CONDITION GIVEN IN P	ART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	to, accident was underlying R Contributing Cause of Death Either, notify medical examiner)	W INJURY OCCURRE	D. (Enter noture of injury in Port 1	or Port II of item 18.)	
MEDICAL	c. TIME OF INJURY Month, Day, Year 20d, INJURY OC While of work of w	whilefoo	ACE OF INJURY (Home, form, 20) ctory, street, office bidg., etc.)	(City or town)	(County) (State)
	1. I certify that I attended the deceased from live an JUNE 21 19 61	and that death	Cille.	TE 21, 1961, that I from the causes and an t	
	CTUAL THE BONG	ith	// //	ESS (Street, city or town, state)	6/21/61
	TTSICIAN'S AME (Type)		and the great time with some upon your land, and upon your who had been some your	and this course with the day are only one are one are service or one are service.	
	LIRIAL, CREMATION, 22b. DATE THEREOF 22c. NA EMOVAL Specify 6-24-6/ JOA	HN WESL	21	17, Vernon	m (Store)
23. FU	NERAL DIRECTOR'S SIGNATURE	in world	Leep DATE JUN 2		- 1 -



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 7325 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY o. STATE b. COUNTY Wicomico Maryland Wicomico MARYLAND b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 È. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town) RURAL and give neopest town Sallsbury Salisbury IS RESIDENCE d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS OR INSTITUTION ON A FARM? Pemberton Rd R. D. # YES NO NAME OF 4. DATE Middle Last Month Yeor DECEASED ALICE FRANCES JUNE BOZMAN 12th DEATH (Type or print) 19 61 9. AGE (In years last birthday)
58 yrs. B. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Male White DIVORCED [July 1,1902 WIDOWED | 10g. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
House Work at Home Dames Quarter, Maryland None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Nettie Shores William David Crockett Mr. John Wesley Bozman (Husband) R.D.# Salisbury, Maryland WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. No 18. CAUSE OF DEATH [Enter only one couse per line far (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (6) DUE TO Canditions, if ony, which gave rise to immediate DUE TO cause (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? CERTIFICATION YES NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of item 18.) 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) While Not while of work of work 21.1 certify that (1) (this haspital) attended the deceased fram. May

saw the deceased afive an Occurred at 22g. SIGNATURE

DIRECTOR -

1961 SIGNED STAFF PHYS. TI June

M. fram the causes and an the date stated above.

22c. PHYSICIAN'S NAME (TDY. Robert T. Adkins

23b. DATE THEREOF

Jun.15.1961

22d. ADDRESS

Fruit**aad**, Maryland

23d. LOCATION (City, town, or county)

Salisbury, Maryland

24. FUNERAL DIRECTOR'S SIGNATURE

23a. BURIAL CREMATION.

ADDRESS

250, REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE

HOLLOWAY & COMPANY

SALISBURY

23c NAME OF CEMETERY OR CREMATORY

Parsons Cemetery

DATE JUN 1 6 '61

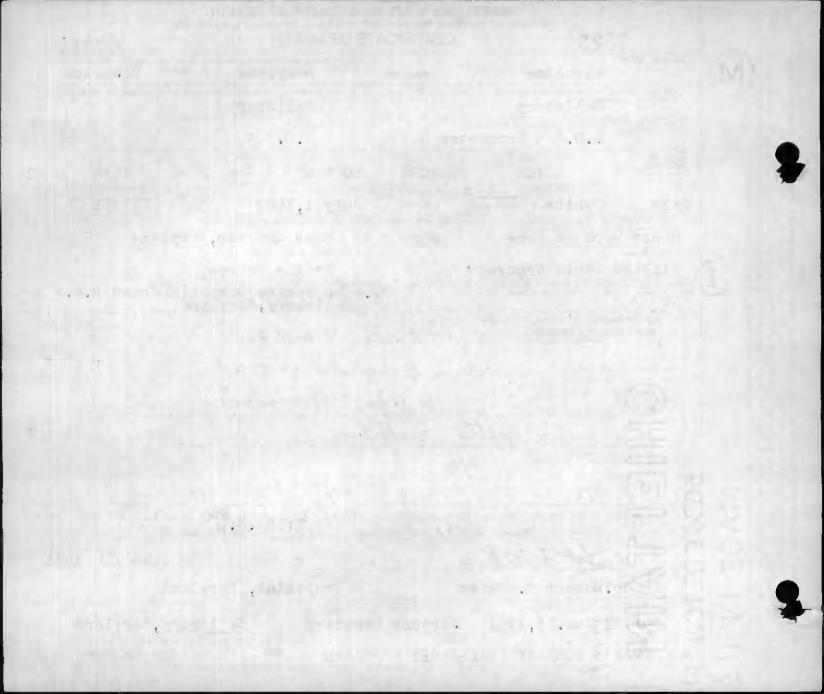
Circhar & House

TO FUNERAL poge 3 sho the State B VR A15 (4)

detached

3 should

DIRECTOR:



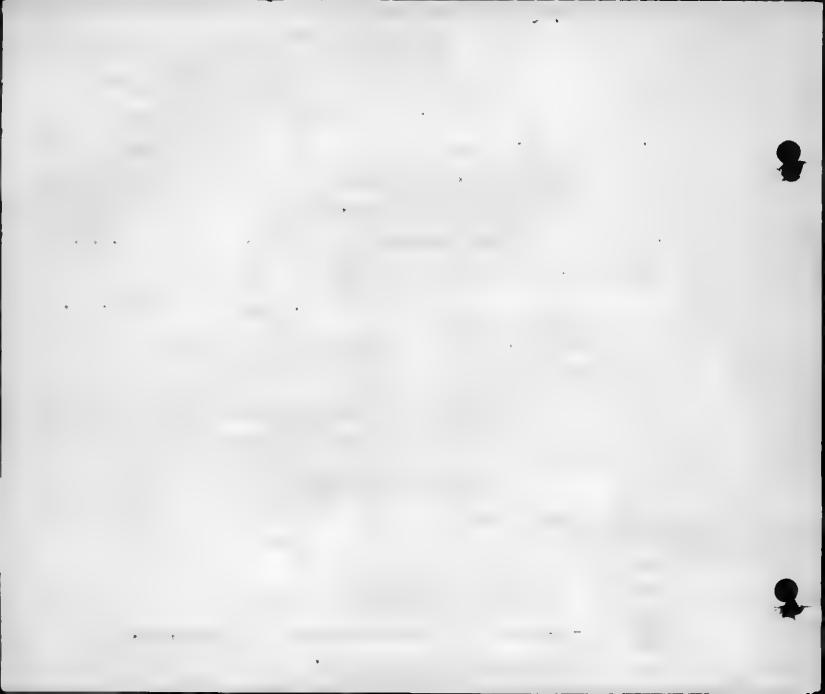
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edinission) e. COUNTY Page a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, corporate limits, write RURAL and give negret lower c. LENGTH OF STAY IN 16 director. write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? YES NO State NAME OF PINSULA General Hospital Month DECEASED to the with the (Type or print) DEATH Bridell IF UNDER 1 TEAR AGE (In years IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED EXAMINER: This certificate should be executed within 24 hours after deal ate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 the Chief Medical Examiner's Office along with form PM3. Page 5 may RR. Page 3 should be used as a burial-Iransit permit. File pages 1 and 2 with rice to burial, cremation, or removal, and in any event within 72 hours a last birthday) Months Deys Hours WIDOWED DIVORCED 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY! done during most of working life, avan if refired) S 13. FATHER'S NAME Dorothy Bridell 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. [Yes, no, or unkown] [[If yes give war or detes of service] 18. CAUSE OF DEATH [Enter only one cause par ling for (a), [b] and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: weaked IMMEDIATE CAUSE [6] **DUE TO** Conditions, if any, which gave rise to immadiate cause DUE TO (a), steting the undarlying cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? CERTIFICATION de please execute the certificate, writing the word 4 should be forwarded to the Chief Medical E TO FUNERAL DIRECTOR: Page 3 should be or its designated agent, prior to burial, cremat NO 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of item 18.) PRIMARY | or CONTRIBUTING | 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 1 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion Suicide Undetermined manner death resulted from: Natural causes Accident Homicide CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address treet, city, town, or county) AME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) 22a, BURIAL, CREMATION, [Stete] REMOYAL (Specify) REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME

e 11 = 12 11 1 -marting to a contact of the contact Touther I wont for the sign of T1:3495 01:3000 10-14-Life less restaural al less stants AN CONTRACTOR AND THE grown VIII and ground Indian Indian

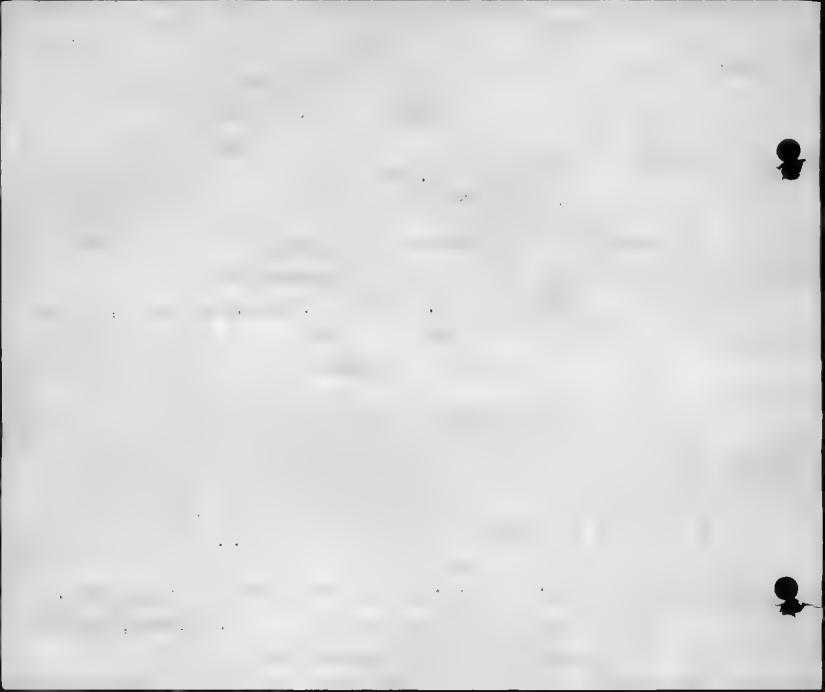
CERTIFICATE OF DEATH 7327 Rea. Dist. No. funeral director, uld be filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND Marvlane Wicomico seltimora; City ofter death. b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest fown) c. LENGTH OF STAY IN 16 RURAL and give neorest town) ploads MOS. Baltimore Salishuru d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE 507 W. College Ave. ON A FARM? 2.0 Park Avenue YES NO K NAME OF 4. DATE Middle First Lost Month Day Yeor DEATH (Type or print) Mand Brooks June 196] IF UNDER I YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years lost birthday) ete Months Dovs Hours Min. Aug. 17. 1878 female wkita WIDOWED | DIVORCED | 82 popers. 10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? death Baltimore. Book Keeping Maryland U.S.A. ond retired after 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician Ö Calumbia **Vineling** Joshua prooks 72 hours 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address Salisbury. offending Mrs Omar J. Croswell 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) DUE TO Conditions, if ony, which (b) gave rise to immediate DUE TO couse (a), stating the underlying cause lost. been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Month, Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour a, m. While Not while at work a ot work p. m. 21. I certify that I attended the deceased from 12... ___that I last saw the deceased hed alive on and that death occurred at M, from the causes and on the date stated above. CTOR: ACTUAL SIGNATURE NAME (Type) 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) 6-26-1961 Greenmeunt 5 **ADDRESS** 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE 248. REC'D BY REGISTRAR ATTEO, MICH DATE JUN 2 6 '61 rrincess

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH



AARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH TUR STATE 1. PLACE OF BEATH .. COUNTY WICOMICO 2. USUAL RESIDENCE (Where deceased lived, if institutions Residence before edmission) .. STATE Maryland b. COUNTY Wicomico MARYLAND b, CITY OR TOWN ('I outside corporete limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) Quita Bill Balt and give neerest town) /Quantico d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite, give street address) d. STREET ADDRESS e. IS RESIDENCE for Boa YES NO Rual (Royal Oak Section) Rual (Royal Section 3. NAME OF DECEASED Culver Byrd June (Type or print) DEATH with the 5. SEXMALE 6. COLOR OR RACE 7. MARRIED NEVER MARR ED B DATE OF BIRTH 9. AGE (In years [IF UNDER 1 YEAR | IF UNDER 24 HRS. M3. Pages I, Z, and M3. Page 5 may pages I and 2 with within 72 hours a 56 yrs may 2 with WIDOWED [D YORCED June 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work 1 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country done during most of working life, even if relired) Within 2. 18. Give Pa. orm PM3. F. 16. pages 1 a. within 7. Farming. R.D. Quantico. Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Robert Greensbury Cora E. Dove with form 16. SOCIAL SECURITY NO. 17. INFORMAN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Mrs. Frances C. Byrd (Wife) (Yes, no, or unkown) | (Ifyasgive were rdetes of service) permit. R.D. Quantico. Maryland. 18. CAUSE OF DEATH (Enter only one cause per ling to (e), (b), and (c).] ir's Office along w s a burial-transit p removal, and in PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) **DUE TO** Conditions, if any, which geve rise to immediate cause DUE TO (e), stoting the underlying Examiner used ion, o PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(6) 19. WAS AUTOPSY PERFORMED? 2 Medical should by NO 17 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part I of Item 18.) PRIMARY | or CONTRIBUTING | Chief Mage 3 shoto to burial, CAUSE OF DEATH. 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or fown) (County) 20c. TIME OF INJURY Month, Day, Year (Stete) factory, street, office bldg., etc.) While Not While the R. Pa et work et work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry CIOI forwarded t death resulted from// Natural causes . Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER should be for SIGNATURE Salisbury, EXAMMUER'S Roxet NAME (Type) Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 226 BURIAL, CREMATION, 226. DATE THEREOF 22d. LOCATION (City, town, or country) (State) REMOVAL (Spacify) 240 g Salisbury, Maryland Jun. 30. 1961 Parsons Cemetery Burial 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR arthur S. Hours Holloway & V5. A15ME Salisbury. Maryland. 5M 9/60



c LENGTH OF STAY IN 16

86 days

MARYLAND

o. STATE

DOR CHESTER

Day

USA

IS RESIDENCE

ON A FARM?

YES NOT

Yeor

19

INTERVAL BETWEEN ONSET AND DEATH

10 yrs

PERFORMED? YES NO T

(Stote)

226 DATE 28/61 NED

(State)

Maryland

25b. REGISTRAR'S SIGNATURE arthur S. Frank 61

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admiss on)

c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

23d LOCATION (City, town, or county)

Salem.

161

25a. REC'D BY REGISTRAR

DATE JUL 3

MARYLAND

HURLOCK

b. COUNTY

RURAL and give nearest town)
SALISBURY

230 BURIAL CREMATION

24 FUNERAL DIRECTOR'S SIGNATURE

J.J.Framptom and Son

Burial

July 2, 1961

WECOMECO

PLACE OF DEATH o. COUNTY

b. CITY OR TOWN (If outside corporate limits, write

campletely filled T ST ST physician event, within ă þ permit. gned been si certificate After this DIRECTOR: Board of

funeral director, ald be filed with

TO FUNERAL DII

d NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS OR INSTITUTION DEER S HEAD STATE HOSPITAL NAME OF DATE OF DEATH First Middle Last Month DECEASED Η. CAMPER JOHN 20 (Type or print) June 6 COLOR OR RACE 7. MARRIED NEVER MARRIED FUNDER TYEAR IF UNDER 24 HRS 5. SEX 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months Dovs Negro Male DIVORCED | WIDOWED T 10a. USUAL OCCUPATION (Give kind of wark done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Church Creek, Md. Farm work 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary (maiden name unknown) York Camper 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO 17 INFORMANT Address Hurlock, Maryland Mrs. Rachel Conway None No CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY Cerebral thrombosis with hemiplegia IMMEDIATE CAUSE (o' DUE TO Generalised arteriosclerosis Conditions, if ony, which (b) gove rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Month Day, Year (County) factory, street office bldg., etc.) a. m While Not while at work at work June 28, 1961, that (1) (we) last . 1961 21. I certify that (I) (this haspital) attended the deceased from April 3. 1961, and that deoth accurred at 2:45%, from the couses and an the dote stated above. saw the deceased affive on 22o, SIGNATURE ATTENDING STAFF A M.D. DIRECTOR [22c PHYSUZIAN 22d. ADDRESS NAME (Type Lee L. Laury Deer's Head State Hospital, Salisbury, Md. 23b DATE THEREOF

23c NAME OF CEMETERY OR CREMATORY

Salem. Cemetery

Federalsburg, maryland

ADDRESS

frimt t

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

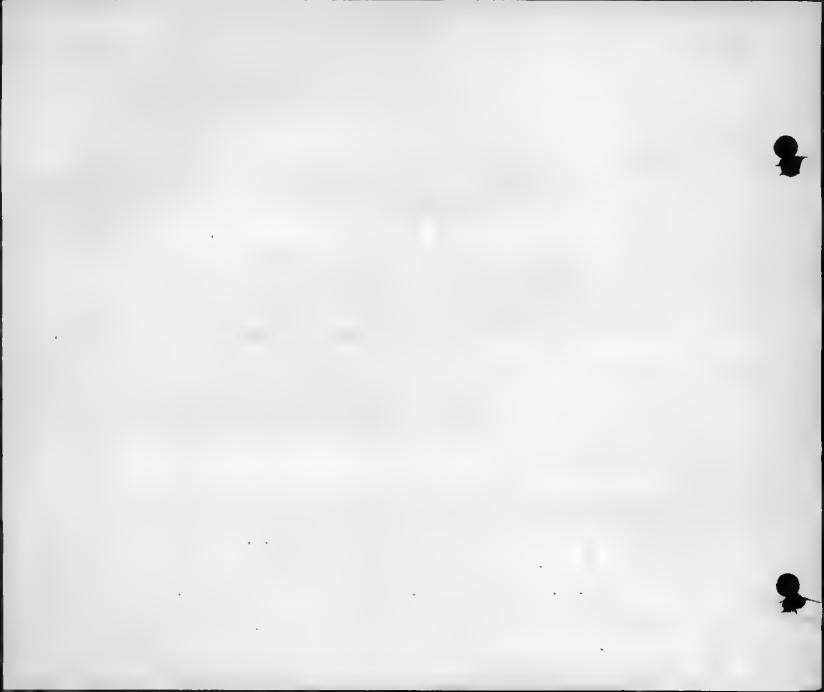
CERTIFICATE OF DEATH

07320

l								U V	UELV	
1.	PLACE OF DEATH	mico		WAKYLKN	2 USUAL RESIDENCE (Who o. STATE Maryland		ved. If institution: I b. COUNTY Oue		efore odmis	sion)
	b. CITY OR TOWN (IF	outside corporate lim	ils, write c. LEI	NGTH OF STAY IN 16	c. CITY OR TOWN (If o			7.00	**************************************	n)
	RURAL and give rie	orest town)	Sinc	ce 4/25/61	Gmaga	nville				
_	Salisbury d. NAME OF HOSPITA	AL (If not in hospital,			d. STREET ADDRESS	HATTLE	177	e mile	e. IS RES	SIDENCE
-	OR INSTITUTION	,	*				11-5	- ^		FARM?
=	Pine Bluf			543 L D	<u> </u>	a DaTE				
3.	NAME OF DECEASED	Fi		Middle	Lasi	4. DATE OF	Month June		Doy 12	Yeor
-	(Type or print)		wens		Clevenger	J			AR IF UND	19 6 L
1	SEX	6. COLOR OR RACE			B. DATE OF BIRTH	9	lost birthdoy) Me	onths Day		Min
	Male	White	WIDOWED	DIVORCED	1/2/1898		63 yrs			J
10	during most of work Seaman	N (Give kind of work ing life, even if retired	done 10b. KIND (OF BUSINESS OR INDU	Grasonvil		1		OF WHAT	EOUNTRY?
13.	FATHER'S NAME	da m			14 MOTHER'S MAIDEN N					
	Joh	n Cleveng	er			Katy M	ansfield			
15	WAS DECEASED EVER			L SECURITY NO. 17. II	FORMANT		Address			
ļ,	N	if yes, give war or dates of	222-		cords of Pin	e Bluf	f State			
		TH [Enter only one co	ouse per line for (o), (b), and (c).]				1	NTERVAL BI ONS <u>E</u> T AND	DEATH
	PART I, DEAT	TH WAS CAUSED BY IMMEDIATE CAUSE (c	٥)		Cor. Pulmo	nale			1 yı	
	521	DUE TO	>		4					
	Conditions, if or		51		Chronic Em	physem	a		Unkr	nown
	gove rise to in cause (o), stating t	DITE TO								
	lying couse lost.		c)							
Z	PART II. OTH	ER SIGNIFICANT CON	NDITIONS CONTRI	BUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE C	ONDITION GIVEN	IN PART 1(c) 19 WAS	AUTOPSY ORMED?
CATI			Pul	lmonary Tub	erculosis				YES	
CERTIFICATION		S UNDERLYING 🗍 CAUSE OF DEATH MEDICAL EXAMINER)	206 DESCRIBE	HOW INJURY OCCURRE	D. (Enler noture of injury in f	ort t ar Port II	of item 18)		`	
MEDICAL	20c TIME OF INJURY	Month, Doy, Ye		OCCURRED 20e PL	ACE OF INJURY (Home, form	20f (City or	town)	(Covr	ity)	(Stole)
AED A	Hour o.m	19		Not while	ctory, street, office bldg., etc.	1				
1		111 Abia basah			April 25 19	61 . J	une 12	1061	that (I)	lough lough
	1	· il		ne deceased from					1 /	
	saw the deceas	ea olive on		in Mar and that a	death occurred at2:0	A, from th	e causes and a	on the de	ore stared	d abave
	- 20 SIGNATURE	4 1 10 V	Ta .		ATTENDING ME	D	STAFF PHYS.		4	SIGNED
	22c. PHYSICIAN'S	TATICE	CLLL	<u> </u>	M.D. PHYS. DI	RECTOR CX	rнт5. Ц		tune	1961
	NAME (Type)	E. P. R	itchings	МЪ		iah	Ma			
-						isbury		***************************************		
23	g. Agrial, CREMATION	N, 236, DATE THERE	6/ 23c.	HESTER	FIELD	CEN	TREVI	LLE	(Sto	MD
24	FUNERAL DIRECTOR	SHONATURE	17 1	O'DRESS	1-11-1	D BY REGISTRA	4			
1	edgen	Sam	· Chi	uch Hell	May DATE JI	UN 1 6 '6	1 and	Lun S. 1	Track	
	11									

no HOS care by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this cert ficate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, crematian, or remayal, and in ony event, within 72 haurs ofter death. VR A1S (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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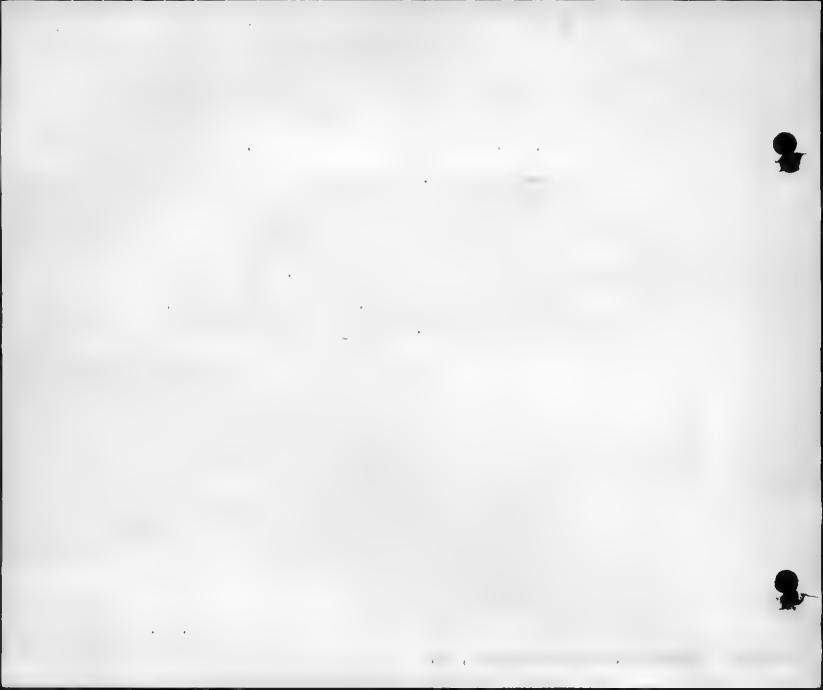
CERTIFICATE OF DEATH

Reg. Dist. NG 7321

											0.3
1. PLACE OF DEATH 0. COUNTY			MARYLA		USUAL RESIDE	NCE (Wh	ere deceased	lived. If institut		nce before r	odmission)
L.M.	cemice .		MAKILA	NU	M	arvla	nd			ester	1.0
b. CITY OR TOWN (I RURAL and give no	f outside corporate limit	s, write	c. LENGTH OF STAY IN	1b	c. CITY OR TO	WN (If o	utside corpore	ote limits, write	RURAL and	give meares	it town)
Salish	,		1 wk		Berl:	in			٠,٠		K
	'AL (If nat in hospital, g	íve street			d. STREET AD						IS RESIDENCE ON A FARM?
Peniz	igula Gen.	Ke.gn			Bre	ench.	St.				ES NO R
3 NAME OF	Fir	st	Middle		Last		4. DATE	Мо	nth	Day	Yeor
(Type or print)	Cara	,	34	O.	374.55		OF DEATH	6		71	1961
S. SEX		7. MADD	IED NEVER MARRIED		ATE OF BIRTH		1 9	AGE (In years	TIF UNDER	- Aller aller	UNDER 24 HRS
			10.0					lost birthdoy)	Months		Hours Min.
M	AA	WIDOWE			. 17	1900		61 yrs	4		
during most of work	ON (Give kind of work or king life, even if refired)	done 10b.	KIND OF BUSINESS OR I	NDUSTRY	i II. BIRTHPLAC	CE (Stote i	or foreign cou	intry)	12 CIT	IZEN OF W	HATCOUNTRY?
Truck Dri	ver		Lumber		Max	rylar	1.6.			USA	
3. FATHER'S NAME				14	. MOTHER'S A	AAIDEN N	IAME				
James Mar					Mary	A. G	INN				
15 WAS DECEASED EVE	R IN U.S. ARMED FOR	CES? 16	SOCIAL SECURITY NO.	INFOI	RMANT			Add	iress		
N •	is her Bine man or gases of se	2]	7 09 9286	Mrs.	Lela l	Rayne	, Berl	in, Md.			
18. CAUSE OF DEA	TH (Enter only one co	use per lir	e for (o), (b), and (c).]				-	-7	£	INTERV	AL BETWEEN
PART I. DEA	TH WAS CAUSED BY.	8	a college O	Lotz			- /	avon	bai	ONSET	AND DEATH
	IMMEDIATE CAUSE (6)		- XXIII		100 m (100 m 100 m (100		9~				1 any
720	DUE TO		7 1. 1	17		-	1				0
Conditions, if a		1	xxebrac	40	M. Ship	ear	cle	roser			
couse (a), stoting				ζ							
lying couse lost.	(c)										
PART II. OTH 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	ER SIGNIFICANT CON	OITIONS C	CONTRIBUTING TO DEATH	BUT NOT	RELATED TO 1	THETERMI	NAL DISEASE	CONDITION GI	VEN IN PAI		WAS AUTOPSY PERFORMED? 'ES NO AT
20g. ACCIDENT WA	S UNDERLYING	20b. DESC	RIBE HOW INJURY OCC	URRED (E	nter nature of	injury in F	Port I or Port	II of item 18.)			- 4
OR CONTRIBUTING	CAUSE OF DEATH					. ,		,			
		- 20d II	NURY OCCURRED 20	- PIACE	OF INJURY (He	nena fa	205 1624	an bassal		(5	15
20c. TIME OF INJUR Hour o. m.	•	While	Not while	foctory,	street, office b	ome, rorm blodg., etg	h! Zur (Cily i	or town)	1	(County)	(Stole)
₹ p. m.	19	ot worl	k of work / 🗍			(l				
21. I certify h	at I attended the	decease	ed from	. 4	. 1966/	ta /	terne	11 196	that I le	ast saw f	the deceased
alive an	me 11	10	6 / and that de		currend of	0	AA from A				
dive dil		-, '/	z	Bulli uci	conted ui		-	ne causes a: eet, city or lown		e agre s	tated abave. DATE SIGNED
ACTUAL (V	£	<i>)</i>	1	Mh- 0	7 '	11	sel, city of lown	, siolej	/	DATE SIGNED
SIGNATURE	and J-	/ /	lemon	M.D/	OFICER	can	(we ju		peour	12/196
PHYSICIAN'S						Ja	lecken	M Lal.			
NAME (Type)	· · · · · · · · · · · · · · · · · · ·							1		The second control of	
220 BURIAL CREMATIO	N, 22b. DATE THEREO	F	22c. NAME OF CEMETE	RY OR CR	EMATORY		22d. LOCATI	ON (City, town,	or county)		(Stote)
REMOVAL (Specify) Burial	6 12 61		1				04 447 -	twee 1	a		
23. FUNERAL DIRECTOR			Coolspring	5 U #		Ac PEC'I	D BY REGISTR	AR 245 REG	ISTRAR'S SI	GNATURE	
The anten B			anne WA			NATE !	JIIN 19	'61		& tra	and the
PROTECTS T	JATTAW CA	I THE PARTY IS	50000 MA			DATE	414212				

TO HOX BATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 offer death. Page 4 may tight at baspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then piease remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, at remayal, and in any event within 72 hours after deaths: VS A15 (4) 15M 9/5B



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

07322

Circher S. Kraus

DATEIN 2 2 '61

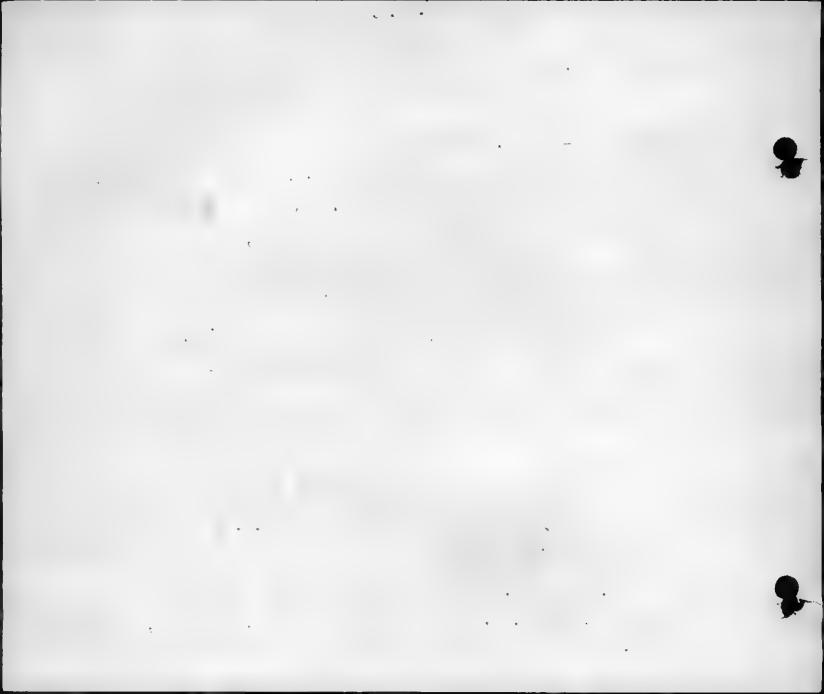
7333

1. PLACE OF DEATH o. COUNTY WICOMICO MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Wicomico
b. CITY OR TOWN (If autside corporate limits, write RURAL and give georgs lown) Sallsbury	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
d NAME OF HOSPITAL IIS not in heavily) give street address)	d. STREET ADDRESS e. IS RESIDENCE
Nursing Home - 924 S.Division St	ON A FARM? YES NO
3. NAME OF First Middle	Last 4. DATE Month Day Year
(Type or print) ELDRIDGE	COLLINS DEATH JUNE 9th 19 61
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9 AGF (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months Days Hours Min
Male White widowed Divorced	Oct. 25,1884 ors. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU- during most of working life even if retired)	
Retired Employee + Railroad	Pittsvilæe, Maryland USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Jenkins Collins	Catherine Parker
1S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO (If yes, give wor or dates of service)	cords: Wicomico County Welfare Office
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (c) DUE TO Conditions, if any, which gove rise to immediate cause (a), stoling the under-lying couse lost. (b) DUE TO Lying couse lost.	Nosader accident bays I andersolers
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU 20g. ACCIDENT WAS UNDERLYING TO 20b. DESCRIBE HOW INJURY OCCURR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?
	ED. (Enter noture of injury in Port I or Port II of item IB.)
20c. TIME OF INJURY Month, Doy Year 20d. INJURY OCCURRED While Not while of work of work	LACE OF INJURY (Home, form, 20f. (City or town) (County) (State) actory, street, office bldg., etc.)
21. I certify that (I) (this haspital) attended the deceased from saw the deceased alive on the land of the land o	Beath occurred of 35 M, from the couses and on the date stoted obove.
220 SIGNATURE LA TACILIA	M.D. ATTENDING & MED. STAFF June /0 /1961
22c. MYSHCIAN'S NAME (Type) r. Robert T. Adkins	Fruitland, Maryland
230 BURIAL, CREMATION 23b DATE THEREOF 23c. NAME OF CEMETERY CREMOVAL (Specify) June 20.61 Pittsvill	DR CREMATORY 23d LOCATION (City, town, or county) (Stote) Le Cemetery Pittsville, Maryland
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
HOLLOWAY & COMPANY SALISBURY MAR	RYLAND DATE OF A SOLD STATE OF THE STATE OF

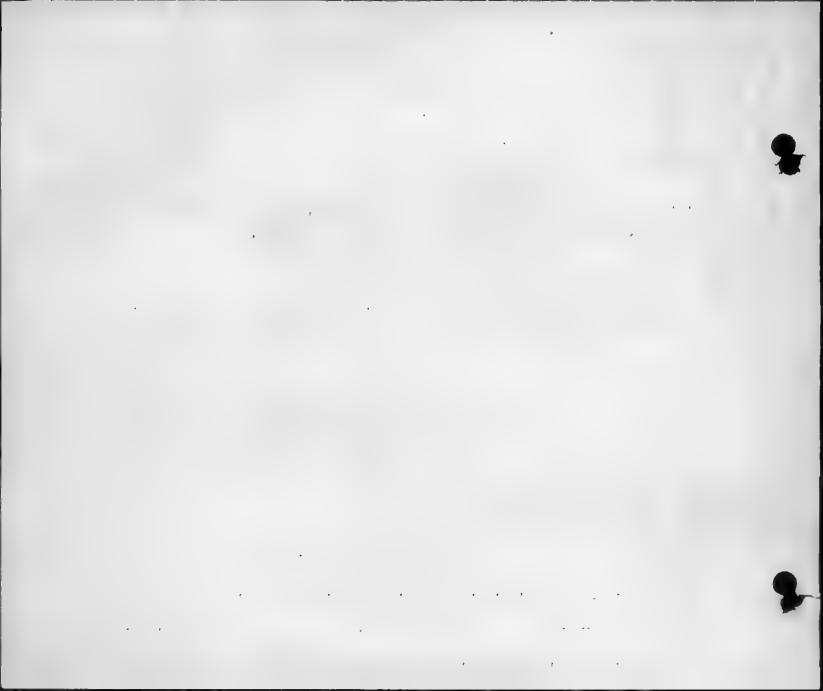
page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages the State Board of Health prior to burial, cremation, or remayal, and in any event, within 72 hours after death. DR BITINDING PHYSELIAM: The law aquires that the Beath certificate be executed within TO HO VR A1S (4) 1SM 9/S9

y the attending physician and campletely filled in by the funeral director. Then please remare carbon papers. Pages 1 and 2 shauld be filed with

after death. Page 4



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

07324

1.	PLACE OF DEATH					2. USUAL RESI	DENCE (Wh	ere decease	d lived. If institut		nce befa	re admiss	(on)
		comico		MAR	YLAND	qu'e	elawa	re	b. COUNT	Suss	ex		
Г	b. CITY OR TOWN (IF RURAL and give nec	outside carporate limi	ts, write	c LENGTH OF STAY	IN 1P	c. CITY OR 1	TOWN (IF a	utside corpo	rote limits, write			arest town	1)
L	Salisbu	ry		6 hrs		Del	lmar		v.	1 14/13	- 3		
Г	d. NAME OF HOSPITA	LL (If not in hospital, g	ive street	address)		d, STREET A	DDRESS					e. IS RES	FARM?
L		la Gen. I	Tosp	ital		RE	FD #	2					NO 🗆
3	NAME OF DECEASED	Fig	'st	Middle		las	t	4. DATE OF	Ma	nth	Do	ıy	Year
	(Type or print)	EARL.		THOMPSO	ON	COOPE	ER	DEATH	Jun	e 21			1967
5.	SEX ·	6. COLOR OR RACE	7. MARE	RIED NEVER MARRI	1	B. DATE OF BIRTI	Н		9. AGE (In years	IF UNDE			ER 24 HRS
	Male	White	WIDOWI	EDÃ DIVORCE	0 🗆	May 4	1,188	4	last birthday) yrs	Months	Days	Hours	Min.
10	USUAL OCCUPATION	N (Give kind of work	dane 10b.	KIND OF BUSINESS C	OR INDUS	TRY 11. BIRTHPL	ACE (State	or fareign c	auntry)	12. CI	IZEN O	F WHAT C	OUNTRY
П	Framer	ng life, even if retired	' F	arm Owner	2	l Del	Lawar	e			US	A	
13	FATHER'S NAME					14. MOTHER'S	MAIDEN	IAME					
}	Levin	Cooper				হুণ গ	zahe	th Tr	willey				
15	WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO). 17 IN	FORMANT	LZacc	011 1		dress			
6	n, no gr unknown) (1	f yes, give war or dates of a	ervice) 2:	2 9-3 2 - 948	31	Robert	E.Co	oper	, Salis	bury	, H	đ.	
Г	18. CAUSE OF DEAT	TH [Enter anly ane co	use per li	ne far (a), (b), and (c)]						INT	ERVAL BE	TWEEN
	PART I. DEAT	H WAS CAUSED BY.	. 1	CORONA.	ey	THE ROM	BAS	15			ON:	SET AND	DEATH
L	700			_		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	130-1						
	Conditions, if an			SENILLY	-V								
	gave rise to im	mediate (,					-	1				
	lying couse last.	ne <u>under-</u>											
Z	PART II. OTHI			ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	THE TERMI	NAL DISEAS	E CONDITION G	VEN IN PA	RT 1(0)	9 WAS	AUTOPSY
CERTIFICATION													DRMED7 I NO □
181	20g. ACCIDENT WAS	UNDERLYING [20b. DES	CRIBE HOW INJURY C	CCURRE). (Enter nature a	if injury in l	Part I or Par	1 II of item 18.)				
E	OR CONTRIBUTING	CAUSE OF DEATH											
Į.	20c. TIME OF INJURY	Manth, Doy, Ye	or 20d li	NJURY OCCURRED	20e PL/	CE OF INJURY	Hame, farm	, 20f. (City	y or town)		(County)		(State)
MEDICAL	Haur o m	19	While	Not while	foc	lory, street, office	e bldg etc)					
~		AN AIL A A				1058			6-21-6	/	.1		
		/	' "	led the deceased			. 0	, 10		, 1/_			(we) last
	saw the decease	ed alive on	-d/-	6_[19 , and	l that d	eath accurred	d o <u>0.779</u>	M, fram	the causes a	nd an th	e date		b.DATE
	9100	Acres 11	1-41	matelul	//	ATTENDIN		ED	STAFF			22	SIGNED
	ZZC PHYSICIAN'S	evyow c	/_/	nucun	('	M.D PHYS		RECTOR 📋	PHYS .				
	NAME (Type)	r. A.C.M	i t.ch	e 1 1				ury,	Md.				
	- PUBLIC CONTURE				IFFERN C								
2.	BURIAL, CREMATION REMOVAL (Specify) BURIAL	6-24-1		23c. NAME OF CEN		K CKEMATORY			TION (City, town,			(Slot	(e)
).L	Fireman	18		Tor		rptown,	MC .	ICNIATO	IDE	
1	SUNERAL DIRECTORS	SIGNATURE /	18	ADDRESS.		In 1		D BY REGIST					
13	1115	Mrs. a. S. (11 "	VVIII	LAN	VUI	DATE	1 Z D 0	/	miner &	rusan	A.A.	

TO HO WE ATTENDING PHYSICIAN: The low requires that the death certificate be executed within the may be built by the hospital or attending physician.

TO FUNERAL CIRECTOR: After this certificate has been signed by the attending physician and completely filled in page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 one the State Board of Health prior to burial, cremotion, or removal, and in any event, within 72 hours after death. VR A15 (4) 15M 9/59

0



Item 8 CERTIFICATE OF DEATH WE Rea. Dist. No. with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fived. If institution: Residence before admission) filed D. COUNTY o STATE b. COUNTY MARYLAND b CITY OR TOWN (If outside corporate limits, write þe c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give riearest town) shavid daNAME OF HOSPITAL (If not in bospital, give street address) d STREET ADDRESS a. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO NAME OF First Middle 4. DATE Month Year DECEASED (Type or print) DEATH 19 € IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years pletel last birthday) Manths I Hours DIVORCED IT paper com 100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during mast of warking life even if retired) DORFR carban ofter 13 FATHER'S NAME physician remove haurs WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMAN' 72 attending 18. CAUSE OF DEATH [Enter only one cause per fine for (a), (b), and (c) ONSET AND DEATH PART | DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which (b) Signed gave rise to immediate DUE TO couse (o), stating the underlying couse lost. **burial-transit** PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Doy, Year 20s. PLACE OF INJURY (Home, farm, 20f. (City or town) Manth. 20d INJURY OCCURRED (County) (Stote) factory, street, affice bldg., etc.) Hour o.m. While Not while at work at work D. m 21. I certify that I attended the deceased from 62-__, 19.61,that I last saw the deceased alive an angithat death accurred at / _M, from the causes and on the date stated above ADDRESS (Street, city or town, stote) **DATE SIGNED** ACTUAL SIGNATURE 3 should TO FUNERAL 220 BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, (Stote) page REMOVAL (Specify) 흔 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) Chatters of Three ISM 9/S8

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

director

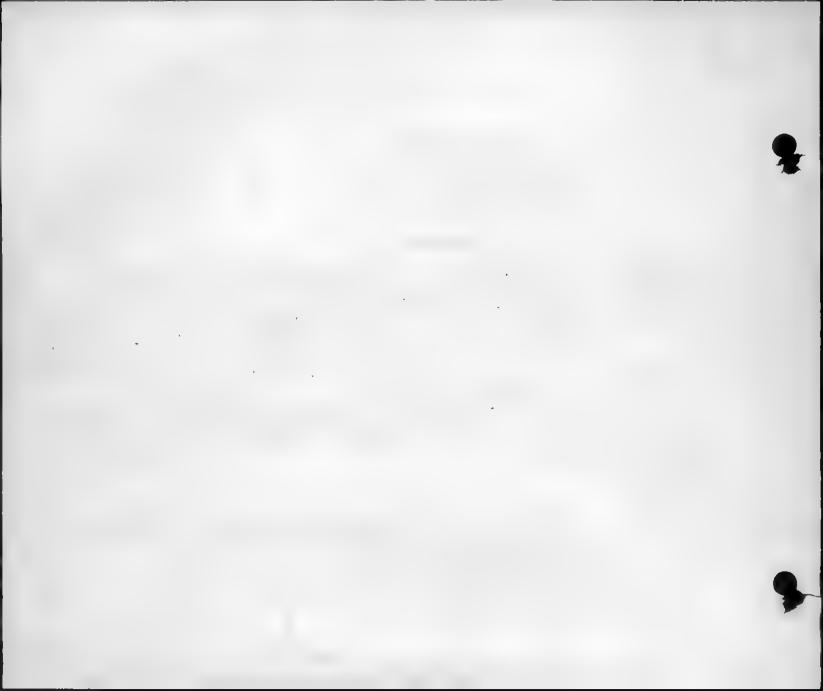
funeral

oud

has

certificate

DIRECT



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

IS RESIDENCE

ON A FARM?

YES NO NO

Year

0

INTERVAL BETWEEN

ONSET AND DEATH

3NOL

PERFORMED? YES NO Z

(Stote)

DATE SIGNED

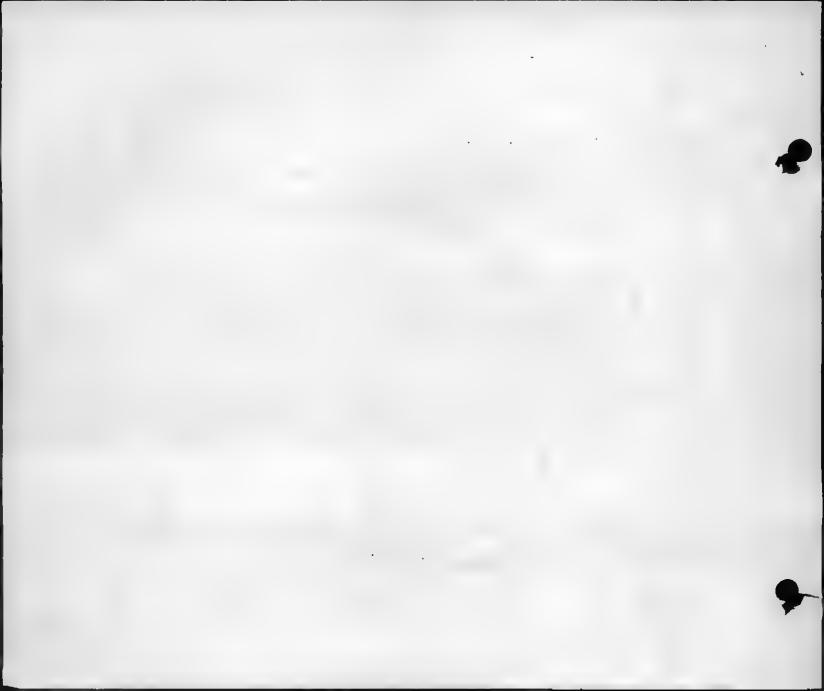
(State)

DATE JUN 1 4 '61

IAND

1961

5 VS A1S (4) 1SM 9/5B



OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

TO HO

VS A15 (4) 15M 9/5B

Sors after death. Page 4

	7338	CERTIFICATE OF DEATH	Reg. Dist. No.7327
	1 PLACE OF DEATH O. COUNTY WICOMICO	MARYLAND 2. USUAL RESIDENCE (Where de co. STATE	eceased lived. If institution: Residence before admission). b. COUNTY ACCOMOCK
)	RURAL and give recrest town) SALISOURY SINCE	E 5/15/10 C. CITY OR TOWN (If autside	carparate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in haspital/give street address) OR INSTITUTION. SPRING H. L. L. NURSING	HOHE d. STREET ADDRESS	S IS RESIDENCE ON A FARM? YES NO M
	3 NAME OF (Type or print) 5. SEX 6. COLOR OR RACE 17. MARRIED NEW YORK N	TINHEO CINOPPEL,	PEATH JUNE 6 1961.
	5. SEX 6. COLOR OR RACE 7. MARRIED NEW WIDOWED 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF B)	DIVORCED 1 OC+ 3/ 187	11. 89 yrs. Manths Doys Haurs Min.
	during most of working life, even if retired) ARPI-NTZR CARPL 13. FATHER'S NAME		U.S.A.
)	JOHN WILLAM GROPPER 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SEC	MARGARET	- WARD Address
	[Yes, no, or unknown] (If yes, give war or date of service)	MRS. MARGARET	- WALKER EXMORE, UK
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (the part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	MARY OCCHUSION	ACUTE INTERVAL BETWEEN ONSET AND GEATH
	Canditions, if any, which gave rise to immediate	PRAL ARTERIOSCHERO	osis, yrs
	cause (a), stoting the under DUE TO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTE	RIOSCLIEROTIC HE	ART USEASE
	ICATIC	/ INJURY OCCURRED. (Enter nature of injury in Part I	PERFORMED?
		CURRED 20e. PLACE OF INJURY (Hame, farm, 20)	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCC. Haur a. m. 5:30 19 While Not wark at wark at wark	rk	1, , , ,
	21. I certify that I pttended the deceased fram.	and that death accurred at 5.39 M. f	from the causes and an the date stated above ESS (Street, city or town, state) DATE STOREG
7	SIGNATURE PARED OF STORAL	were PinEbl	juff RoAd 6/6/6/
	PHYSICIAN'S RUHUS S. C.A. 22g. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAM	PUNERUR, SALI AE OF CEMETERY OF CREMATORY 22d.	SOURY MA
	REMOVAL (Specify) BURIAL JUNE 8, 1961 E2 23 ELINERAL DIRECTOR'S SIGNATURE ADDR	DEE HILL CEMETERY	Accomac, VIAGINIA
	John J. Williams (Orangel Us, DATE JUN	1 2 '61 Cirklun S. Hraces

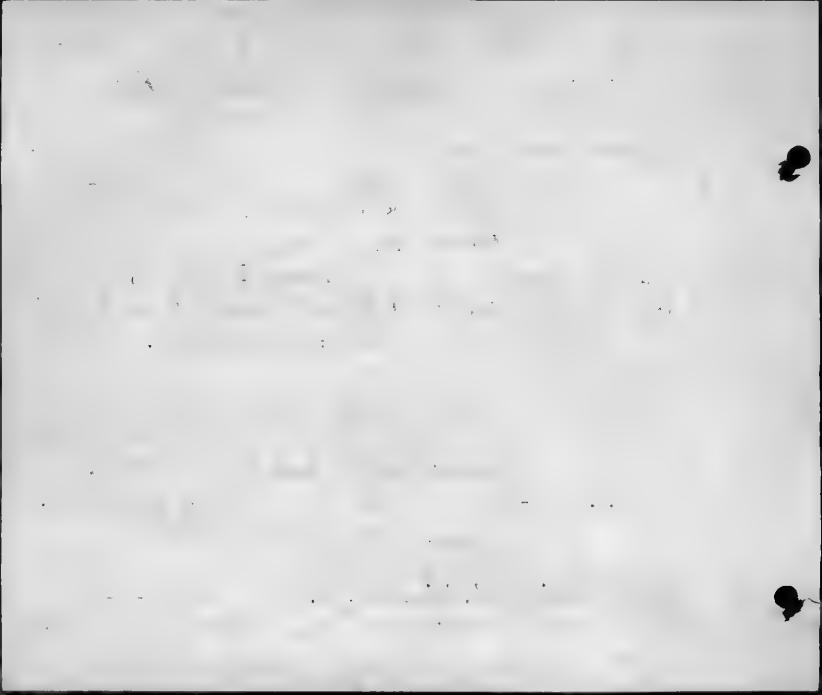
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



RYLAND STATE DEPARTMENT OF HEALTH STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEA FOR STATE MEDICAL EXAMINER'S 2. USUAL RESIDENCE (Where daceased I vad, if institution, Residence before admission) PLACE OF DEATH a. COUNTY y is necessary, I direntor. Rage a. STATE b. COUNTY Wicomico MARYLAND virginia CCITY OR TOWN (If duls de corporete limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give riberest town! YOUR P Salisbury
d. NAME OF HOSPITAL OR INSTITUTION (it not in hospitel, give street eddress) Wyattsville funeal dir Boar d. STREET ADDRES S RESIDENCE ON A FARM? YES NO Peninsula NAME OF General Hospital Middle 4. DATE Month DECEASED OF (Type or print) DEATH Cropper 6-18-6119 Robert with 6. COLOR OR RACE, 7. MARRIED NEVER MARRIED 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX lest birthdey) Months Min. Hours WIDOWED 10a. USUAL OCCUPATION (G've kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE (Siete or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, avan if retired) Pages Mages 1 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME 闘 I V 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. permit. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c),] ONSET AND DEATH PART I. DEATH WAS CAUSED BY. hours IMMEDIATE CAUSE (e) Cerebral hemorrhage: ruptured traches. **DUE TO** Conditions, it any, which (b) geve rise to immediate cause **DUE TO** (a), stating the undarlying causa last. cremation, PART I.. OTHER SIGNIF. CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1/a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? но 🕅 Medical Plank 20a. EXTERMAL CAUSE WAS PRIMARY - ar CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED, (Entar natura of injury in Part 1 or Part II of Ilem 18.) CAUSE OF DEATH. road and struck concrete Cillief age 3 to burit 1 20d. INJURY OCCURRED J 20e, PLACE OF INJURY (Homa, farm, ! 20f. (City or town) (County) (State) factory, street, office bldg., atc.) Not While Id to the 6-16-61 work at work Route Snow Hill Worcester Md. prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry death resulted from: Marural causes Accident X Suicide Homicide | Undetermined manner forwards. CHIEF MEDICAL EXAMINER. ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED FUNERAL SIGNATURE Royer, DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Lype) Migress (Street, city, town, or county) **B389** 22a, BURIAL, CREMATION! EMOVAL (Specify) Ö Duria 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. ATSME arthur S. France 5M 7/59



7341

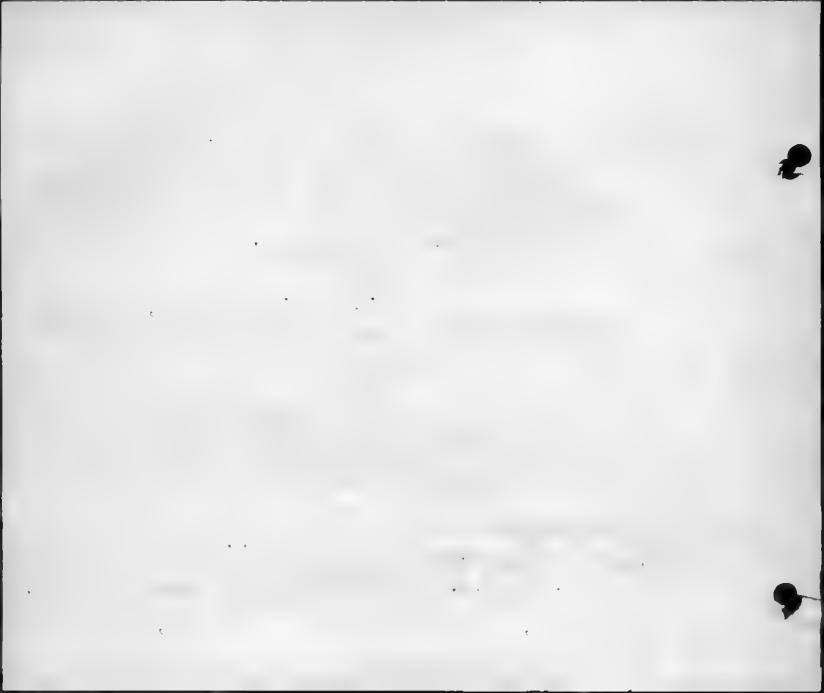
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

67350

E. PLACE OF DEATH o. COUNTY	ficomico	, , , , , , ,	MARYLAND	2. USUAL RESIDENCE 0. STATE Mar	(Where deceased live)		Residence befor Vicomico	
b. CITY OR TOWN	If outside carporate limits,	write c. LENGTH	OF STAY IN 16	c CITY OR TOWN	(If autside carporate	limits, write RURA	AL ond give nea	rest town)
RURAL ond give n		25 da	ys	👢 Salisb	ury			
d. NAME OF HOSPI	TAL (If nat in haspital, give	street address)	-	d. STREET ADDRES	is			B. IS RESIDENCE
	Head State Ho			/ 914 Jo	hnson Str	eet		YES NO
3. NAME OF DECEASED	First		Middle	Last	4. DATE	Manth	Day	Yeor
(Type or print)	Hllar	'V'	Clay	Dykes	OF DEATH	June	30	1961
S. SEX	6. COLOR OR RACE 7	MARRIED NEV	ER MARRIED	B. DATE OF BIRTH	77 9			IF UNDER 24 HRS.
Male	White	IDOWED XX	DIVORCED _	XXXX 9/	10/83	lost birthdoy)	onths 20°	Hours Min.
10a. USUAL OCCUPATI	ON (Give kind of work dor king life, even if retired)	ne 10b. KIND OF BU	ISINESS OR INDU	STRY 11. BIRTHPLACE (S	itale or foreign count	ry)	12 CITIZEN OF	WHAT COUNTRY?
Retired	Employee-	Ice Plan	t	Sussex	Co. Del	aware	US	5 A
13. FATHER'S NAME				14. MOTHER'S MAID	EN NAME			
Purnell	L Dykes			Martha	Revell			
15. WAS DECEASED EVI	ER IN U.S. ARMED FORCE (If yes, give war or dates of servi		URITY NO. 17. II	NFORMANT T	Dyrkaal	Address		
No	(1) yes, give were as a common some		91	Arthur J 4 Johnson		isburv.	Maryla	nd
1B. CAUSE OF DE	ATH [Enter only one couse	per line for (a), (b), and (c).]				INTE	RYAL BETWEEN
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Diabet	ic Acido	sis			3°	days
260	DUE TO							
Conditions if d	ony, which) (b)_	Diabet	es melli	tus			20) yrs
gove rise to couse (a), stating	immediate (
lying cause lost.								
PART II. OT	HER SIGNIFICANT CONDIT	TIONS CONTRIBUTION	IG TO DEATH BUT	NOT RELATED TO THE T	ERMINAL DISEASE C	ONDITION GIVEN	IN PART 1(o) 15	9. WAS AUTOPSY PERFORMED?
Ade	enocarcinoma	of prosts	te					YES NO
TO THE EITHER, NOTIFY	AS UNDERLYING 20 G CAUSE OF DEATH MEDICAL EXAMINER)	b. DESCRIBE HOW	INJURY OCCURRE	D. (Enter nature of injur	y in Port I or Part II	of item 18.)		
20c. TIME OF INJUI	RY Month, Day, Year 19	20d. INJURY OCCU While Not what work of work	nile fo	ACE OF INJURY (Home, clary, street, affice bldg.		town)	(County)	(Stote
	al) (this hospital)				1961 , to J			
	ised alive an June	19. 0	14 and that a	death accurred at	M, from the	causes and	an the date	
220 SIGNATURE	1 20	201131	1	ATTENDING	MED.	STAFF		22b, DATE SIGNED
226 - RYSICIAN'S	0 010	a aj		M D. PHYS.	MED. DIRECTOR	STAFF PHYS T		6/30/61
NAME (Type)	Lee L. Lawr	у, м. р.			Head State	e Hospita	ıl;Salis	bury , Md.
230 BURIAL CREMATIO		23c. NAMI	E OF CEMETERY O	R CREMATORY	23d LOCATIO	V (City, town, or o	ounty)	(State)
REMOVAL (Specify Buria	July 3.1	1961 Pa	rsons C	emetery	Sali	sbury, M	larylar	1 d
24 FUNERAL DIRECTOR	R'S SIGNATURE	ADDRE	ESS	2So.	REC'D BY REGISTRA	25b. REGISTR	AR'S SIGNATUR	RE
HOLLOWAY	& COMPANY	SALISB	URY MAR	YLAND DATE	mt 5 '61	Jail	or & those	4

VR A15 (4) 1SM 9/59



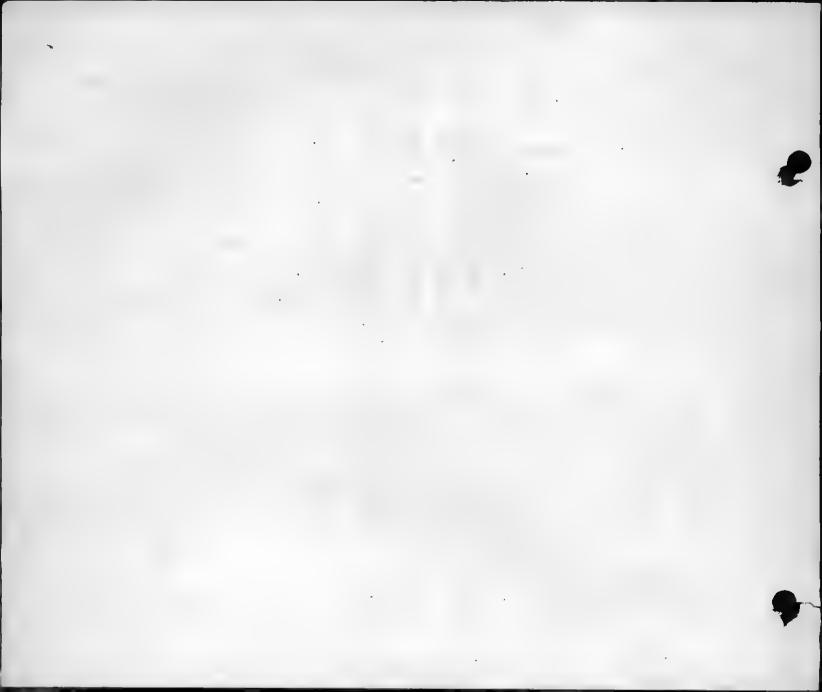
VS A15 (4) 15M 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7342 CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

Reg. Dist. No. 07331

	g. COUNTY	2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
L	WICOMICO MARYLAND	Delaware b. COUNTY SUSSEX
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)
1	SALISBURY	LAUREL T. X
-	d NAME OF HOSPITAL (If nat in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e IS RESIDENCE
-	ENINSULA GENERAL HOSPITAL	102 Steet YES NO D
1	B. NAME OF First Middle	Last 4. DATE Month Day Year
I	(Type ar print) CARRIE 5,	ELLIS DEATH JUNE 11 1961
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months Daws House Min
	FEMALE WHITE WIDOWED DIVORCED	MAY 24, 1883 (ast bickday) Manths Days Haurs Min
1	Ou USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR INDUS- during most of warking life, even if retired)	STRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY?
L	Housewife oxul bone	DELAWARE USA
Ī	3. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
L	VAMES E. SDICER	MARTHA Lloyd
	S WAS DECEASED EVER IN U. S. ARMED FORCES 16. SOCIAL SECURITY NO. H	NFORMANT Address
L	No	haples Ellis, LAURE Del.
1	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)-]	INTERVAL BETWEEN
ı	PART I. DEATH WAS CAUSED BY MMEDIATE CAUSE (a)	(Theomlesses ONSET AND DEATH
ı	BUE TO	
	Canditians, if any, which) (b)	
	gave rise to immediate cause (a), stating the under-	
	lying cause last, (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	PERFORMED? YES NOVE
		(Enter nature of injury in Part I ar Part II of item 18.)
	(IF ENHER, NOTIFY MEDICAL EXAMINER)	
	- 1	ACE OF INJURY (Hame, farm, 20f. (City ar tawn) (County) (State)
	Hour a.m. Whi.e Nat while face p. m. 19 at wark at wark	nary, street, office blugs, etc.)
ı	21. I certify that I attended the deceased from.	/ , 196/, ta 6/11, 196/that I last saw the deceased
		accurred at 21.15 M, fram the causes and an the date stated above
ı		ADDRESS (Street, city or town, state) DATE SIGNED
	SIGNATURE LINE CULL & 2. ELLER	un Satophours. NA 6-11-6
ı	7	7.74
1	NAME (Type)	***************************************
7	220. BURIAL CREMATION 226 DATE THEREOF 22c. NAME OF CEMETERY	R CREMATORY 22d LOCATION (City, tawn, for county) (State)
	BURIET 4/13/41 DDO GOLOGO	is Cemeter LAUREL Dela.
2	3 FUNERAL DIRECTOR'S SIGNATURE) ADDRESS	A REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	Windiam Leshon In Shareta	DATE JUN 1 6 '61 Chilun S. Kraua



CEPTIFICATE OF DEATH

× 32/							OLICITI I G	AIL OI D	LAIII	_		Reg. Dist.	No. 7	332
oge recto	N	Λ)		PLACE OF DEATH				2. USUAL RESID	DENCE (Where		. If institution	Residence	before ad	lmission)
	*		L	W	icomico		MARYLAND		aryland		5. COUNTY	Vicem:	ico	
erol be f			!	CITY OR TOWN (If RURAL and give no	outside corporate limits, a	write c. LENG1	TH OF STAY IN 16	c CITY OR T	OWN (If auts	ide corporate lu	mits, write RU	RAL and giv	re nearest	town)
full de				Salisbury	•	all l	his life	12 Sal	lisbury					
after death the funero shauld be	And the same of			OR INSTITUTION	AL (If not in haspital, give	street address)		d. STREET A	DDRES\$				e. IS	RESIDENCE
10 × w_	-	87		Penins	ula Gen. Hos	3D.		420 8	Stewart	Imace				N A FARM?
in b			3.	NAME OF	First		Middle	Last		. DATE	Month		Day	Year
3 E =				DECEASED Type or print)	Neah		T.	Ellis		OF DEATH	6		3	_
hin y fill			5. 5		6. COLOR OR RACE 7.	ALA POLED CT NE		8 DATE OF BIRTH				FUNDER 1		19 6; NDER 24 HI
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and	8			Laberer		Farm			yland]	ISA	
و تے م			13.	FATHER'S NAME				14. MOTHER'S	MAIDEN NAM	4E				
2 .= 0 1	2			William	Ellis			Anni	e ?					
physic emove	<u> </u>		15 (Ym	WAS DECEASED EVER	R IN U. S. ARMED FORCES	7 16. SOCIAL SE	CURITY NO.	INFORMANT			Addres	is		
e ≡ s	7			N.	To	~	Mr	s. Bessie	70114 m	Solder	700000 7	I A		
ndii ndii	=			18. CAUSE OF DEA	TH Enter only one couse	per line for (a)		2 6	والبلبلات	1 nerra	our ye		INTERVA	L BETWEEN
de de	<u>}</u>				TH WAS CAUSED BY	Para Va	~~ 0 T	luca I	2 -					ND DEATH
the her	E E			·	IMMEDIATE CAUSE (6)	Nemo W	Well.	4 pm en	rus_				47	aryo
hat	D				DUE TO									
n n in	Ē			Conditions, if on gove rise to in	nmediate									
Per S	Ξ			cause (a), stating t										
in Sit			_	lying cause lost.) (c)_								<u> </u>	
ysic ysic ysic ysic ysic ysic ysic ysic	Ē		CATION	PART II OTH	ER SIGNIFICANT CONDIT	IONS CONTRIBUT	ING TO DEATH BU	T NOT RELATED TO	THETERMINA	L DISEASE CON	DITION GIVE	N IN PART	1(o) 19 W	AS AUTOPS
Pariol S	Ď													□ NO
F in a second	ē		CERTIFI	20g. ACCIDENT WAS	S UNDERLYING 201	b. DESCRIBE HOY	V INJURY OCCURR	ED. (Enter nature of	Finjury in Por	t I or Port II af	item 18.)			
IAN end fice the	5	and the same		(IF EITHER, NOTIFY	MEDICAL EXAMINER)									
SIC att	5		CAL	20c, TIME OF INJURY	Month, Doy, Year	20d. INJURY OC	CURRED 20s. P	ACE OF INJURY (H	lome, farm,	20f (City or to	wn)	(Ca	unty)	(Sta
HAY Lar use use	Ē		MEDI	Hour o.m.		While Not at work of wo	ALLING	ictory, street, office	bldg., etc.)					
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E P	Ω. <u>-</u>			PHYSICIAN'S	1 - 4	71 -				//				
A of s	STC			NAME (Type) IT	ed R. Gramse	, M.D.	402 Sout	n Divisio	n St.,	Salisb	ury, Mi	<u> </u>		
N N N	registrar		220	BURIAL, CREMATION	N, 22b, DATE THEREOF	22c NA	ME OF CEMETERY	OR CREMATORY	22	d. LOCATION (City, town, or	county)	(Stote)
五克耳岛	- Le			Burial	June 6, 19	61 Gre	en Acre	lem.		_Sal tel	bur w. M	(a		
5 5 5		0	23.	FUNERAL DIRECTOR'S		ADD			24a. REC'D B	Y REGISTRAR			ATURE	
VS A15 (4)	0	S.	T)	lerntan B	Jelley Sel	ichum	Ma		DATE JUN	1 2 '61	Cir	Chur S.	Kries	

VS A15 15M 9/5B



VR A15 (4) 15M 9/59

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k	ed in by the fi	1 and 2 shaul	ند.	/
e exacared within	and completely filled in by the funeral director.	bon papers. Pages 1 and 2 shauld be filed with	72 hours officer death.	Î

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

o. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) o. STATE b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write c, LENGTH OF STAY IN 1b	CITY OF TOWAL HE will a represent with with SURAL and sing accept towal
RURAL and give nearest town)	c CITY OR TOWN (If gotside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address)	d STREET ADDRESS e IS RESIDENCE
OR INSTITUTION	ON A FARM?
	YES NO
3. NAME OF DECEASED First Middle	4. DATE Month Day Year OF DEATH TURNS 9 9 10//
(Type or print) 5. SEX	MILITAL DUNE 28 1701
	O C (
WIDOWED DIVORCED DIVORCED	NATURAL OF THE PARTY (SALE OF CASING PARTY)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	JSTRY 1/ BIRTYPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
HOUSE WHE Dun Nome	Maryland
13. FATHER'S NAME	14. MOTHER'S MAIDEN JAME
W11116m Jines	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. (Yes, no or unknown) (If yes, give wor or dotes of service)	NRORMANT Address
	142/62 EDDIS / 122/12/110.
1B. CAUSE OF DEATH [Enter only one couse per line for (o) (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Coults	of montres 2 days
J 32 X DUE TO	
Conditions, if ony, which (b)	
gove rise to immediate cause (a), stating the under-	7
lying couse last. (c) Culcur	selected !
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
3 mild dealete m	Allikus YES NO P
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU Tool. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH	ED (Enter nature of injury in Port I or Port II of item 18.)
	LACE OF INJURY (Home, form, *20f (City or town) (County) (State) octory, street, office bldg., etc.) !
Hour o. m. P. m. 19 While Not while of work to work to the total to the total tota	
21. I certify that (1) (this haspital vattended the deceased from	4 / (1957, to deal, 19 , that (1) (we) last
	death accurred at 12 MM, from the causes and an the date stated above
22o. SIGNATURE	22b, DATE
Ernet m. James	M.D. ATTENDING MED STAFF SIGNED PHYS.
22c. PHYSICIAN'S NAME (Type)	22d ADDRESS
E A LARRORE	DELMAN DEC.
230. BURIAL, CREMATION, 236. DATE/THEREOF 23c, NAME OF CEMETERY	OR CREMATORY 23d, LOCATION (City town, or county) (Stote)
RAMOVAL (Specify) 7/2/6/ Tyaskin	, Cem, lyzskin, Md.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	1 250. REC'D BY LEGISTRAR 256 REGISTRAR'S SIGNATURE
[DJYV] DOSOD, 15145108, 1	10. OHL 3 '61 arthur & thank



1			MARYLAND STATE DEPART	MENT OF HEALTI	H-BALTIMORE, 1	8
* 2E		L	7045 CERTIFIC	CATE OF DEATI	Н	Reg. Dist. No. 07234
Page director	M	1	PLACE OF DEATH O. COUNTY Wicomico Marylan		here deceased lived If institution b. COUNTY	on: Residence before admission) Sus. ex
eral be f		Г	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	b c. CITY OR TOWN (IF	outside corporate limits, write R	URAL and give nearest town)
fun fun		_	Hebron 2 yrs		urel	サイ× ~
afte the	1	i	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS		a. IS RESIDENCE ON A FARM?
o o o			Walnut street		Nr Kings Church	YES NO
ithin the lip file of the lip		L		RMAN Lost	4. DATE Mon OF JUNE 2	
Pog P		5. \$	6. COLOR OR RACE 7. MARRIED NEVER MARRIED		9 AGE (In years lost birthdoy)	Months Doys Hours Min.
nple ers.	(T)	100	Male White WIDOWED DIVORCED		69 yrs	
Execution of section o	(1	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	IDUZIRY II BIRTHPLACE (Stole	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
e pui		13.	Farmer own farm	Delawa:		USA
Cion Cor Cor Cor						
illysi nave		15.		7. INFORMANT	Rosa A. Lloyd	Tess
ng p		L	s. no. or unknown) (If yes, give wor or dates of service)	Beulah L. Ger	man, Hebron, Ma	aryland
endi leas ithin		Г	1B. CAUSE Of DEATH [Enter only one couse per line for (a), (b), and (c).]	, ./		INTERVAL BETWEEN
he d		١.	PART 1. DEATH WAS CAUSED BY: NUJOCALD	cal entorce	ion, acur	ONSET AND DEATH
the Th			OL K O X DUE TO			/1
1			Conditions, if any, which gave rise to immediate	role Carde	o-borculos	Carense
an. signersit per			couse (o), stating the under. Due to butter lying couse tost.	mulit		
lossisis been tran		CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIV	EN IN PART I(a) 19. WAS AUTOPSY PERFORMED?
The Sa P	7	F G	20- ACCIDENT WAS INSPERIOUS ET LON DECRIPE HOW NUMBER OF	anen er e		YES NO Y
tendin iffico		L CERTIFI	205. ACCIDENT WAS UNDERLYING [] CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	KRED. (Enter nature of injury in	For 1 or For 11 of 15em 15.)	
render of certain attention		MEDICAL	Hour a. ft. While Not while	PLACE OF INJURY (Home, farm factory, street, office bldg., etc.	20f. (City or town)	(County) (State)
this or u		×	p. m. 19 at work at work			
After ed f			21. I certify that I attended the deceased from.	19 40, 19	429, 1961	that I last saw the deceased
P de la			alive on 1944, and that de	ath occurred at	M, from the causes a	nd on the date stated above.
E de la constant	,		ACTUAL SIGNATURE	dui	ADDRESS (Street, city or town,	stote)
DIRECT Price			SIGNATURE	_M.O	carf.	4-165
TA Poor			NAME (Type)			
SPI SPI		220	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETER	Y OR CREMATORY	22d. LOCATION (City, town, o	r county) (State)
Page 1				Church Cem.	nr. Laurel,	
FF	1	23.	ELINERAL DIRECTOR'S SIGNATURE ADDRESS			TRAR'S SIGNATURE
15M 9/55			Claused (a moster) 311 ")"	DATE J	JUL 5 '61 L	Lithur S. Frank
	-		· tedesold	rett.		



	PLACE OF DEATH o. COUNTY	Wicomico		MAR	YLAND	2. USUAL RESID 0. STATE		ere deceased ti	b. COUNTY		ofore odmi	
	b. CITY OR TOWN RURAL ond give	(If outside corporate liminearest town) Salisbury		c. LENGTH OF STAY	IN 16	c. CITY OR T	-	·	limits, write Ri	JRAL ond give r	neorest to	wn)
4	d. NAME OF HOSE OR INSTITUTION	PITAL (If not in hospital, o	ive street			d. STREET A	DDRESS		Union)	· · · · · · · · · · · · · · · · · · ·	e, IS RI ON YES	A FARM?
	3. NAME OF DECEASED (Type or print)	GEORG		WILLIAM		JRAVENO		4. DATE OF DEATH	JUNE	th 221	Day	Yeor 1961
	5 SEX Male	6 COLOR OR RACE	7. MARR			B DATE OF BIRTH		9	AGE (In years last birthday) 59 yrs	Months 17	Hayr	
	10a. USUAL OCCUPAT during mast of we Carpen' 13. FATHER'S NAME	ION (Give kind of work orking life, even if retired ter	}	KIND OF BUSINESS C Cruction	OR INDU		mic	o Co. M	ini larylar	12 CITIZEN	S A	COUNTRY
7	_	G.Graveno	r			Laura		· · · · ·				
-		/ER IN U. S. ARMED FOR He yes, give wor or doles of s	CES7 16	SOCIAL SECURITY NO	M	r.Norman Ave.E	n F.	Graven	or(Sor)#67A ryland	Came	den
		g the under-	7	uperte Ny pert	nac	es and	Lio-C	Cancer Valt	orho W.Ren Neph	ge o	COR S	der 3 year
	PART II O	THER SIGNIFICANT CON	DITION	CHIP IBUTING TO DE	EATH BUT	NOPPLATED TO	lile	WAL DISEASE C	ONDITION GIV	EN N PART 1(0)	19. WAS PERF YES	OKWED
٥		VAS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	N	CRIBE HOW INJURY O	OCCURRE	D (Enter noture of	injury in I	Part 1 or Part II	of item 18.)			
	ZOc. TIME OF INJU Hour o.m	14 / 53 10	White	NOT While	20e PL	ACE OF INJURY (I	dome, farm bldg , etc	1 1	/A	(Count	iy)	(Stote
		at (1) (this haspita	l) attend	W		leath occurred	l at	M, fram th	e causes an	, 19, d an the da	ite state	ed above
1	22c. PHYSICIAN'S NAME (Type		rbe	emode 11 Se	mbi	M.D. ATTENDING	DA MI	RECTOR D	STAFF J	une	.22 .:	1961
	230 BURIAL, CREMAT REMOVAL (Specification)	(v)	1961	23c NAME OF CEA		crematory &	1100		N (City, to h.)	**	, lan	tote)
	24 FUNERAL DIRECTO		-, -	ADDRESS			25a. REC'	D BY REGISTRA	R 25b REGI	STRAR'S SIGNA	TURE	
,	HOLL OWAY	& COMPANY	SA	LISBURY	MAR	YLAND	DATELN	26'61	Cuth	un S. Krow	r,di	

may be need by the haspital or attending physician.

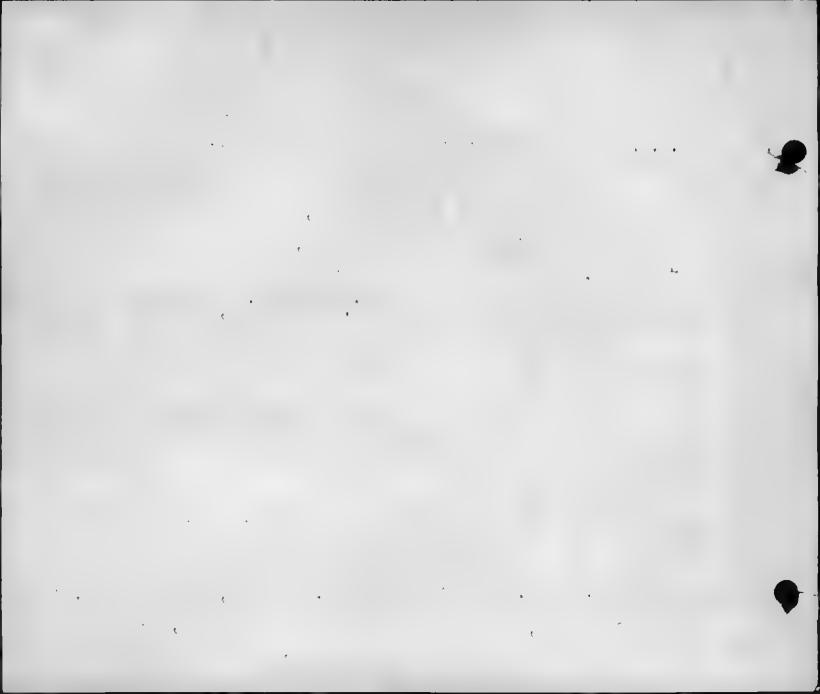
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, To FUNERAL DIRECTOR: After this certificate has been signed by the attended to the property of the prop page 3 should be detached for use as the burial-transit permit. Illen please remove carbon papers. Pages the State Board of Heaith prior to burial, cremation, or removal, and in any event, within 72 hours after death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TO HO

after death. Page 4

VR A1S (4) 15M 9/S9



MARYLAND STATE DEPARTMENT OF HEALTH STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived. If institution: Residence before admission) y is necessary, I director, Page or your files. . COUNTY e, STATE b. COUNTY Wicomico Marvland Wicomico MARYLAND b. CITY OR TOWN (if outs de corporete amits, c. LENGTH OF STAY IN 16 CITY OR TOWN (If outs'de corporete limits, write RURAL end give neerest town) write RURAL and give rearest town)
Salisbury Board of Salisbury d NAME OF HOSPITAL OR INSTITUTION (if not in hospile), give street eddress) d. STREET ADDRESS IS RESIDENCE nould be executed within 24 hours after death. If we were a "in pencil in Item 18. Give Pages 1, 2, and 3 to the tweeral Office along with form PM3. Page 5 may be retained to burial-transit permit. File pages 1 and 2 with the State Bo burial-transit permit. File pages 1 and 2 with the State Bo ON A FARM? D.O.A. Pen Gen Hospital at Priscille 404 YES NO X 3. NAME OF M.ddle Last 4. DATE Year DECEASED OF (Type or print) WILLIAM LESTER DEATH HEARNE JUNE 19 61 lst 5. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS last birthday) Male White WIDOWED [DIVORCED May 12. IDe. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired Contractor (Electrical Hebron, Maryland S 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Herbert W. Hearme Alice Layfield 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yos, no, or unknown) (Ifyosg vowarardetesatservice) No. St. Salisbury, Maryland 18. CAUSE OF DEATH [Finter only one cause per line for (a), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (e) removal, DUE TO (b) "pending" gave rise to immediate cause us ID DUE TO asse execute the certificate, writing the word "pending should be forwarded to the Chief Medical Examiner's **FUNERAL** DIRECTOR: Page 3 should be used as a (e), steting the underlying certificat uld be used a cause lest. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, fenter nature of injury in Part I or Part II of item 18.1 age 3 shout to burial, o PRIMARY [] or CONTRIBUTING [CAUSE OF DEATH. CAL Month, Day, Year 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY 20d. INJURY OCCURRED (County) (Stete) factory, street, office bldg., etc. While Not While prior to Hour a.m. et work at work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection X Inquiry and in my opinion agent, death resulted from: Natural causes Accident Suicide Homicide | Undetermined manner forwarde L DIREC CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** Dr. Earl L. Royer-407 Camden Ave. Salisbury. Maryland NAME (Type) 8988 220. SURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) А Parsons Cemetery Salisbury, Maryland Burial <u>⊊</u> 4 0 June 23, FUNERAL DIRECTOR ADDRESS 24e. REC'D 8Y REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. AISME HOILOWAY & DATE JUN 8 161 Outling of theme COMPANY SALISBURY MARYLAND 5M 7/59



MARYLAND STATE DEPARTMENT OF HEALTH

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COUNTY W	icomico		MARYLAN	AT2 n	r E		1			
RURAL and give ne	arest tawn)	i, write c.	LENGTH OF STAY IN 1	e. cin		·		URAL and g	ive nearest to	own)
NAME OF HOSPITA	AL (If not in hospitol, gi		ress)	d. STR	_	Jack	son St		10	RESIDENCE N A FARM?
AME OF CEASED (pe or print)			BECCA Middle	HOBBS	Last	4. DATE OF DEATH	TTTTTT)th	Yeor 19 61
remale	2 79 0 0			_		.8 75	9. AGE in years last perhiday) 9. AGE in years yes			
luring most of work.	ing_life, even if retired)		None							
THERS NAME	Carey						ey			
			TIAL SECURITY NO.	r.Irl	Hobbs	(Son)			Mary	vland
	H WAS CAUSED BY:	1	or (a). (b). and (c).]	udil	ic.	singa	cost			BETWEEN ND DEATH
		G	margan	dri	tery	Oca	lusi E	,	4	lon
	he under- DUE TO	Ćz	ronary	are	en	sel	leron	-5		2
PART II. OTH	ER SIGNIFICANT CONE	ITIONS CON	TRIBUTING TO DEATH	BUT NOT RELAT	ED TO THE TER	MINAL DISEAS	SE CONDITION GIV	EN IN PART	PER	FORMED?
R CONTRIBUTING	☐ CAUSE OF DEATH I		1 -	RRED (Enter no	ture of injury i	n Part I or Pa	rt II of item 18.)			
	COUNTY WITH OR TOWN INTRUME OF TOWN INSTITUTION? THE OF CEASED PROPERTY OF INSTITUTION? THE OF CEASED PROPERTY OF INSTITUTION? CEMPTON INSTITUTION? THE STAME AS DECEASED EVER OF DEAL PART I. DEAL PART I. DEAL PART II. OTH CONTRIBUTING CO. ACCIDENT WAR R CONTRIBUTING	COUNTY WICOMICO CITY OR TOWN (If outside carporate limits RURAL and give parest town) SALISDURY NAME OF HOSPITAL (If not in hospitol, gi OR INSTITUTION 728 Jackso ME OF CEASED pe or print) SARAF SARAF CEMALE 6 COLOR OR RACE White White White Work at Hom THERS NAME AMES R. Carey AS DECEASED EVER IN U. S. ARMED FORG O J.	COUNTY WICOMICO CITY OR TOWN (If autside carporate limits, write c. RURAL and give pagares) town) SALISDURY NAME OF HOSPITAL (If not in haspital, give street add OR INSTITUTION 28 Jackson St ME OF CEASED SARAH ARE OF CEASED PORT OF CEASED SARAH BE OF CEASED WILL OCCUPATION (Give kind of work dane partial mast of working life, even if refered) COUSE WORK AT HOME SOME R. Carey AS DECEASED EVER IN U. S. ARMED FORCES? 16. SOC OF JACKSON (If yes, give wor or dates of service) CONSUME OF DEATH (Enter only one cause per line for part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate young couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CON R. CONTRIBUTING CAUSE OF DEATH CO. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH CO. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH CONTRIBUTING CAUSE OF DEATH	COUNTY WICOMICO CITY OR TOWN (If autside carporate limits, write RURAL and give pages) town) SALISBURY NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION 728 Jackson St ME OF CEASED POR OF CEASED OR COLOR OR RACE WIDOWED DIVORCED WIDOWED DIVORCED DIVORCED DIVORCED DIVORCED WIDOWED NOTE WIDOWED NOTE FIRST Middle REBECCA FIRST MIDOWED NEVER MARRIED NEVER MARRIED NEVER MARRIED NONE THERS NAME ON OF BUSINESS OR IN NONE THERS NAME ON OF CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).] PART I. 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Winformant Hobbs (Son) CAUSE OF DEATH (Enter only one course per line for (a), (b), and (c). PART I. DEATH (Enter only one course per line for (a), (b), and (c). PART II. DEATH (Enter only one course per line for (a), (b), and (c). PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DOE, ACCIDENT WAS UNDERLYING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DOE, ACCIDENT WAS UNDERLYING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DOE, ACCIDENT WAS UNDERLYING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DOE, ACCIDENT WAS UNDERLYING CONTRIBUTING COURSED (Enter nature of injury in Part I or Pole of Contributions o	COUNTY Wicomico MARYLAND CITY OR TOWN (If outside corporate limits, write c. 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Nat while

at work

20e. PLACE OF INJURY (Hame, farm, 20f (City or town) factory, street, office bldg., etc.)

(County)

30 21. I certify that (I) (this hospital) attended the deceased fram. M, from the causes and an the date stated above saw the deceased alive an

22a SIGNATURE

2.1961

M.D. 22d ADDRESS MED DIRECTOR

226. DATE SIGNED 1.96

22c PHYSICIAN S L.V. Sohler

at work

Delmar, Maryland

23d. LOCATION (City, town, or county)

(State)

REMOVAL (Specify)
Burial 24 FUNERAL DIRECTOR'S SIGNATURE

MEDI

Fruitland, Cemetery ADDRESS

25g REC'D BY REGISTRAR

25b, REGISTRAR'S SIGNATURE

VR A15 (4) 15M 9/59

HOILOWAY & COMPANY

23a. BURIAL, CREMATION, 23b DATE THEREOF

SALISBURY, MARYLAND

23c. NAME OF CEMETERY OR CREMATORY

DATE HIL 5

ONE & trans



DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

7340 CERTIFICATE OF DEATH

97333

20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) N/A 20c TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while of work			CERTIFICA	IL OI DEAILI		0,000
RURAL ord give grover! flower	1		MARYLAND			
d. NAME OF HOSPITAL (If not in bappin), give treet addrest) OR INSTITUTION Pen Gen Hospital 216 Maryland Ave 216 Maryland Ave 3. NAME OF Hospital 216 Maryland Ave 3. NAME OF HOSPITAL 3. NAME OF HOSPITAL 3. NAME OF HOSPITAL 4. DATE OPERATOR 4. DATE OPERATOR 5. SEX NO. 4. DATE OPERATOR 5. SEX NO. 5. SEX NO. 6. COLOR OR RACE 7. MARRIED OF NOVER MARRIED 10. DATE OF BIRTH 10. DA		RURAL and give pearest lown	c. LENGTH OF STAY IN 16	A		URAL ond give nearest town)
3. MAKE OF DECASED 1. DATE 1. DATE 1. DATE 2.		d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION		d. STREET ADDRESS		ON A FARM?
SER 6. COLOR OR RACE 7. MARRIED Never MARRIED 8. DATE OF BIRTH 9. AGE (in year, if UNDER 1 YEAR) & UNDER 24 HE FROM 1 WOONED DIVORCED DEC. 2. 1888 72 yr. 60 22 yr. 60 23 yr. 60 24 yr. 60	3.	NAME OF First DECEASED	Middle	Last	4. DATE Mon	th Day Year
Part Condition, if only, which gover rise to immediate couse (c), stoling he under Conditions, if only, which gover rise to immediate Couse (d), stoling he under Condition, if only, which gover rise to immediate Couse (d). Stoling he under Condition, if only, which gover rise to immediate Couse (d). Stoling he under Condition, if only, which gover rise to immediate Couse (d). Stoling he under Condition, if only, which gover rise to immediate Couse (d). Stoling he under	5				OUNI	
House Work at Home 13. FATHER'S NAME ASDURY White 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANI NO 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (g).] PART I. DEATH WAS CAUSE OF MEMORY WHICH OF (o), (b), and (g).] PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (o) 19. WAS AUTOPEN PERFORMED? 19. QUAR COLOR IN WAS UNDERLYING (F)		Female White widow	ED DIVORCED	Dec. 2, 18	88 72 yrs.	6 21
ASDURY White S WAS DECEASED EVER IN U. S. ARMED FORCES? TO SOCIAL SECURITY NO 17 INFORMANT INTERPRETATION OF THE PART I. DELTA GIVE OF DEATH (Enter only one course per line for (o). (b). and (d). Salisbury, Maryland (e).	10					12. CITIZEN OF WHAT COUNTRY?
SANDECEASEDEVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 PM AND AVE 17 PM AVE 18 PM AVE 18 PM AVE 18 PM AVE 18 PM AVE 19 PM AVE 19 PM AVE 18 PM AVE 19 PM A	13		None			USA
The contribution of the page give we or dates of served The flaymond W. Hopkins (Husband) 216 Mary. The flaymond W. Hopkins (Husband) 216 Mary. The flaymond Ave. Salisbury Maryland Salis		Asbury White		Matilda R	obertson	
18. CAUSE OF DEATH Enter only one couse per line for (o) (b), and (c)		(as, no, or unknown) (If yes, give wor or dates of service)		r, Raymond W	.Hopkins (Hus	sband)216 Mary-
Conditions, if ony, which gove rise to immediate couse (o), stoting the under lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO DOCUMENTING CAUSE OF DEATH OF A CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) N/A 200. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not white Cotory, street, office bidg, etc.) 200. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Work of N/A 21. I certify that (I) (this haspital) attended the deceased from N/A 21. I certify that (I) (this haspital) attended the deceased from N/A 22. I certify that (I) (this haspital) attended the deceased from N/A 22. I certify that (I) (this haspital) attended the deceased from N/A 22. I certify that (I) (this haspital) attended the deceased from N/A 22. I certify that (I) (this haspital) attended the deceased from N/A 22. I certify that (I) (this haspital) attended the deceased from N/A 22. I certify that (I) (this haspital) attended the deceased from N/A 22. I certify that (I) (this haspital) attended the deceased from N/A 22. I certify that (I) (this haspital) attended the deceased from N/A 22. I certify that (I) (this haspital) attended the deceased from N/A 22. I certify that (I) (this haspital) attended the deceased from N/A 22. I certify that (I) (this haspital) attended the deceased from N/A 22. I certify that (I) (this haspital) attended the deceased from N/A 22. I certify that (I) (this haspital) attended the deceased from N/A 22. I certify that (I) (this haspital) attended the deceased from N/A 22. I certify that (I) (this haspital) attended the deceased from N/A 22. I certify that (I) (this haspital) attended the deceased from N/A 22. I certify that (I) (this haspital) attended the deceased		PART I, DEATH WAS CAUSED BY:	gf(), (b), and (c).]	Vascul	v aland	/ INTERVAL BETWEEN
gove rise to immediate couse (o), storing the under: PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19, WAS AUTOPSY PERFORMED? YES		Conditions if one which				
PART IL. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING DOOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) N/A 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) N/A 20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED While Not work of foctory, street, office bidg, etc.) N/A 21. I certify that (I) (this haspital) attended the deceased fram N/A 21. I certify that (I) (this haspital) attended the deceased fram N/A 22c. Physician's NAME (Type Dr. Andrew C. Mitchell Maryland Ave. Salisbury, Maryland 22d. ADDRESS 22d. ADDRESS 22d. ADDRESS 22d. DATE THEREOF 23d. NAME OF CEMETERY OR CREMATORY 23d. IOCAT.ON (City, town, or county) (Slote) PART II. OTHER SIGNIFICANT ON PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO YES		gove rise to immediate couse (a), stating the under-				
20c TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while of work of wo	ZCITAL		CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	PEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO 1
Hour o.m N/A 19 of work of wor			37 /A	D. (Enter noture of injury in f	Part I or Part II of item 18.)	
saw the deceased alive an	MED CAL	20c TIME OF INJURY Month, Doy, Year 20d. II Hour o. m p. m N/A 19 While ol wor	Not while fo	ACE OF INJURY (Home, form ctory, street, office bldg, etc. N/A)	(County) (State)
220. SIGNATURE M.D. ATTENDING X DIRECTOR SIGNATURE ATTENDING X DIRECTOR SIGNATURE ATTENDING X DIRECTOR SIGNATURE ATTENDING X DIRECTOR						
22c. Physician's NAME (Type Dr. Andrew C. Mitchell Maryland Ave. Salisbury, Maryland 23d Burial, Cremation, 23b Date Thereof Purial Specify Jun. 25, 61 Wicomico Memorial Park Salisbury, Maryland 24 Funeral Director's Signature Address 25c Rec'd By Registrar 25b Registrar's Signature			Colle	ATTENDING MI	ED STAFF	226 DATE SIGNED
Burlal Jun. 25,61 Wicomico Memorial Park Salisbury, Maryland 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS		NIAME (Tunn)	itchell	22d. ADDRESS		
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 256 REGISTRAR 256 REGISTRAR'S SIGNATURE	2.	REMOVAL (Specify)				
	2	burial Jun. 25.61				

after death. Page II by the funeral director, 1.2 should be filed-with

Pages 1 and TO FUNERAL DIRECTOR: After this cert ficate has been signed by the ottending physician and completely filled in page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and the State Board at Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed ned by the haspital ar attending physician.

VR A15 (4) 15M 9/59

YOU



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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

1.	PLACE OF DEATH	!	2. USUAL RESIDENCE (Whara deceased lived, if institution: Residence before admission)
	a. COUNTY Wicomico Ma	RYLAND	. STATE Maryland b. COUNTY Somerset
1-	b CITY OR TOWN (if outs de corporate lim ts, write RURAL and give neerest town)		c CITY OR TOWN (If outside corporate limits, write RURAL and give hearest lown)
	Salisbury 31 da	vs	Marion
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat		d. STREET ADDRESS
_	Deer's Head State Hospital		ON A FARMY
3.	NAME OF First Midd	a	Last 4. DATE Month Day Year
	(Type or print) John C		Horsey DEATH June 3 19 61.
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MA	RRIED 🔀 8	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF JNDER 24 HRS. Last birthday) Months Days Hours M.n.
		RCED	Oct. 11, 1890 70 yrs.
10a	B. USUAL OCCUPATION (Give kind of work pre-during most of working life, even if retired)	OR INDUSTR	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
"	Proprietor General St	ore	Marion Station, Md. U.S.A.
13,	FATHER'S NAME		14. MOTHER'S MAIDEN NAME
	John C. Horsey		Mallie Davis
	WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECUR	Y NO. 17. E	NFORMANT Address
(Y	Bs, no, or unkown) (Ifyesgivewarordatesofsarvica)	Mrs	Monnie WardWhittington Apts Main St.
-,	18. CAUSE OF DEATH [Enter only one cause for line for tay (b), a	nd (c) L	Grisfield, Minterval Between
	PART I. DEATH WAS CAUSED BY:		ONSET AND DEATH
	MMEDIATE CAUSE (a), CA C.L. C.	109	10 Pas deal Tarliere Tarif
	S/3 DUE TO		
	Conditions, if any, which (b)	_	
	(e), stating the underlying DUE TO		
	causa last. (c)		
Z	PART II. OTHER SIGNLEICANT CONDITIONS CONTRIBUTING TO	EATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
TEVS.	Heriditary C	402	PCL - YES NO D
Ĭ		JRY OCCURED	. (Enter nature of injury in Part I or Part I of Itam 1B.)
CERTIFI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURR Hour e.m. WhileNot While		CE OF INJURY (Home, farm, 1 20f. (City or town) (County) (State) ory, streat, office bldg., etc.)
MED	p,m, 19 al work at work		
	21. I certify that (I) (this hospital) attended the dece	ased from.	May 2, 1961, to June 3, 1961., that (1) (we) last
	saw the deceased alive on June 3 19.61	., and that	death occured at
	22e. SIGNATURE		ATTENDING MED. STAFF 22b. DATE
	tend tour	3 M	NUMBER OF BURGES OF BURGES OF STATE OF
	22c. PHYSICIAN'S		22d ADDRESS
	NAME (Typa) Lee L. Lawry, M. D.		Deer's Head State Hospital; Salisbury, Md.
23	a. BURIAL, CREMATION, 236. DATE THEREOF 236. NAME	F CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
		aul's (Cemetery Marion Station, Md.
24	FUNERAL DIRECTOR'S SIGNATURE ADDRES	5	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	Bradshaw & Sons-Crisfield,	Md.	DATE JUN 9 '61 arthur S. Krous
			1000



TON STREET, BALTIMORE 1, MARYLAND FOR STATE PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edimiss on) e. COUNTY **b.** COUNTY a. STATE MARYLAND Wicomico Wordester b. CITY OR TOWN (if outside corporete 1 m ts. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 50 Snow Hill d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) e. IS RESIDENCE P ON A FARM? NAME OF PENINSULA General Hospital YES NO Church Year to the f DECEASED OF the (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR Johnson 2 with 1 IF UNDER 24 HRS. last birthday) Months WIDOWED DIVORCED 10 ge 5 and 72 ho 106, KIND OF BUSINESS OR INDUST 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). ONSET AND DEATH Metastatic fibrosarcoma IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 11811 19. WAS AUTOPSY PERFORMED? YES IX NO 1 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED (Enter neture of injury in Pert I) of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, 20f. (City or lown) 20c. TIME OF INJJRY Month, Day, Year (State) Not While fectory, street, office bldg., etc.) While el work at work 21. I certify that I took charge of the remains described above, held an Autopsy X and in my opinion Homicide Undetermined manner death resulted from. Melural causes Accident Su cide orward DIRE CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER should | RY OR CRIMATORY 224 LOCATION IS 40 6 VS. ATSME SM 9/60

ARYLAND STATE DEPARTMENT OF HEALTH



IS RESIDENCE ON A FARM?

YES NO V

1961

IF UNDER 24 HRS.

Years

NO X

(Stata)

22h. DATE

/61

SIGNED



FOR STATE HEALTH DEPT.

please execute the certificate, writing the word "pending" in pendl in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriel-transit permit. File mages 1 and 2, with the State Boager 57 Mealth, or its designated agent, prior to buriel, cremation, or removel, and in any event within 72 hours effer death. delay is necessary, T MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If an

				MAY SAFE II	PWIAN	SIMIL	EL WW II	MENT O	L DEW		
Divisi	on o	f STATE	STICAL	RESEAR	CH AND	RECORDS,	301 W.	PRESTON	STREET	, BALTIMORE 1,	MARYLAND
		A	44.00								02076

_	7353 MEDICAL EXAMINE	R'S CERTIFICAT	E OF DEATH	97342
1,	PLACE OF DEATH	2. USUAL RESIDENCE	E (Where deceased lived, If is	nshitul on: Rasidance before edmission
-	b. CITY OR TOWN (if oulside corporale lim is, write RURAL and give nearest lown)		Maryland b. COUNT f outside corporere amats, wrate	Wicomico
E	Pittsville	- X	Pittsville	
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d STREET ADDRESS		IS RESIDENCE ON A FARM?
7	Rural	Rus	ral	YES NO
3.	NAME OF First Middle DECEASED	Lest	4. DATE Month	Dey Year
	(Type or print) Elijak	Kent		5-61 19
5,	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
	M A A WIDOWED DIVORCED D	X Sept. 20. 1	911 49 yrs.	Months Days Hours ' Min.
10 d	a. USUAL OCCUPATION (Give kind of work pone during most of working life, even if retired)	DUSTRY 11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY
$ _{-}$	Laborer Lumber	North	Carolina	USA
15	Luthus Kent		Maggie Wells	<u>.</u>
{Y	as, no, or unkown) (lifyasgive war or detes of service)	a Mna Maccia	Wells Wils	on, North Car.
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c),		Merro Merro	I INTERVAL SETWEEN
	PART I. DEATH WAS CAUSED BY:	e to bullet w	ound of nt	ONSET AND DEATH
	PART I. DEATH MAS CAUSED BY: MAREDIATE CAUSE (a) Homorrhage due	e co partec M	Outra Ot 10	TOTAL DOCUMENT
	Conditions, if any, which \ (b)			
	geva rise to immadiata causa			-
	(e), stating the underlying DUE TO			
Z	PART II. OTHER S.GN.FICANT CONDITIONS CONTRIBUTING TO DEATH B	BUT NOT RELATED TO THE TERMIN	AL DISEASE CONDITION GIVE	N IN PART I(a), to WAS AUTORSY
NOIL				PERFORMED?
S	206. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCU	JRED, (Enlar nature of injury in Part	Lor Part II of Ilem 18.1	_ I I I I I I I I I I I I I I I I I I I
CERTIF	PRIMARY A CONTRIBUTING Shot duri	ng a quarrel.		
3		De. PLACE OF INJURY (Home, ferm,		(County) (State)
MEDICAL	8 P.M. 6-25-619 While at work at work	fectory, street, office bldg., atc.] Farm	Pittsville	Wicomico Md.
1	21 Tarakifa shari dani dana af the consist described above	a hald as Automa 171		Y

and in my opinion Malural causes death resulted from. Suicide HomicideX Undetermined manner Accident CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATUR 6-27-61

Royer, DEPUTY MEDICAL EXAMINER Ave. Salisbury, Md Males (Streat, city, town, or county)

BUDIAL CRIMATION, 22b, DATE THEREOF 22d. LOCATION (City, town, or country) (State) N. C.

6/29/61 B. Jolley 23. Thernton

Rest Haven, Cem. Saffisbury, Md.

Wilsen, 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE

DATE UL 5 161 Challen S. Thous

TO DE



s ofter deoth. Page

TO WASHELDING PHYSICIAN: The low requires that the death certificate be executed withing a ofter death. Page may the haspital or attending physician

TO FUNEXAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remane carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, crematian, ar remanal, and in ony event within 72 hours after death.

VS A15 (4) 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

7354

CERTIFICATE OF DEATH

Reg. Dist. No 3343

	PLACE OF DEATH . COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. STATE Worcester b. COUNTMary Land					
	b. City OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 1b RURAL pand give nearest tawn)	c. CITY OR TOWN (If autside carporate timits, write RURAL and give neares) flawn)					
	alisbury	Berlin,					
-	d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?					
Z.	eninsula General Hospital	Ocean City Highway					
3.	NAME OF First Middle	Last 4. DATE Month Day Year					
	(Type or print) Bivens C. Ki	ng King OF DEATH TURE 13 1961					
5.	6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B DATE OF BIRTY 9 AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS					
1	nale white WIDOWED DIVORCED	1-25-1902 59 yrs.					
10c	USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTATION during most of working life, even if retired)	TRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
	Chicken Raiser	Delaware USA •					
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
	Elijah W. King	Catherine Short					
15.	WAS DECEASEDEVER IN U. 5. ARMED FORCES? 16 SOCIAL SECURITY NO. III. no, or unknown)	NFORMANT Address					
``		s Alice H. King, Gerlin, Md.					
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	JANTERVAL BETWEEN					
	PART I, DEATH WAS CAUSED BY:						
	Contraction of the state of the						
	GOOD DUE TO						
	Conditions, if any, which (b) (b)						
ŀ	cause (a), stating the <u>under-</u>						
z	Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. 19 WAS AUTOPSY						
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT	NOT RELATED TO THE FERMINAL DISEASE CONDITION GIVEN IN PART I(a) TY WAS AUTOMS? PERFORMED? YES TO NO Z					
20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18)							
	OR CONTRIBUTING I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	A father registe of injury of Coll For Forth of Hospital					
3		ACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State)					
MEDICAL	Hour a.m. While Not while fac	lory, street, affice bldg., etc.)					
	21. I certify that / attended the deceased from	7, 1961, to 6/13, 1961, that I last saw the deceased					
•		accurred at 7 P.M. from the couses and an the date stated above.					
	01 - 1/1/21	ADDRESS (Street, city or town, state) QATE SIGNED					
	ACTUAL ///	Selection to 6/4/12					
	SIGNATURE Y COMMENT Y. TELLEN	W.D. 31000 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
	PHYSICIAN'S NAME (Type)						
220	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	R CREMATORY 22d. LOCATION (City. fown, or county) (State)					
	Burial 6-16-61 Hebron Cemet	ery George town, Delaware					
23.	FUNERAL DIRECTOR'S SIGNATURE / ADDRESS	240. REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE					
2	Villiam Hochem & Terroot	acon hachate JUN 1 9 '61 Circles S. Thomas					



TO HOS

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH 735 givision of statistical research and records — Baltimore 1, Maryland CERTIFICATE OF DEATH

97344

	1. PLACE OF DEATH a COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission)						
	Wicomico	MARYLAND	Maryland b. COUNTY Wicomico						
1	b. CITY OR TOWN (If autside carporate limits, write	LENGTH OF STAY IN 16	c, CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)						
	RURAL and give nearest town) Salisbury		/ Salisbury						
	d. NAME OF HOSPITAL (If not in hospital, give street add	dress)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?						
	d. NAME OF HOSPITAL (If not in hospital, give street add OR INSTITUTION 303 Gordy Re.		303 Gordy Rd. YES NO K						
	3. NAME OF First DECEASED	Middle	Last 4. DATE Manth Day Year						
-[(Type or print) JOHN	HUG O	LIND SR. DEATH JUNE 29th 1961						
	5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED							
L	Male White WIDOWED	DIVORCED .	April 28,1915 46 yrs. Months Days Hours Min.						
	10a USUAL OCCUPATION (Give kind of work done 10b KII	ND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
-	Timber Buyer—J. T. Wells	s Co.	Portsmouth, Virginia USA						
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME						
١	Francer Hogo Lind		Bertha Caroline Dobbins						
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SO	CIAL SECURITY NO 17 IN	FORMAN Eugenia Lind(Wife)303 Gordy Rd						
	No	212	Salisbury Maryland						
	18. CAUSE OF DEATH [Enter only one cause per line	for (a), (b), and (c).]	INTERVAL BETWEEN						
1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ONSET AND DEATH ONSET AND DEATH								
H	1 6 9 X DUE TO O								
	Conditions, if ony, which) (b) listing a generalized motortage								
-	gove rise to immediate cause (a), stating the under: DUE TO								
_[lying cause last. (c)	and and condenses side.							
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \(\subseteq \text{NO} \)								
	YES NO X								
į,	20a. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part (I of item 18.) OR CONTRIBUTING ☐ CAUSE OF DEATH I(I ETITRE, NOTIFY MEDICAL EXAMINER) N / △								
-	IF EITHER, NOTIFY MEDICAL EXAMINER)								
	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, 20f. (City or tawn) (Caunty) (State) Haur a, m. While Not while factory, street affice bldg., etc.)								
	Zoc. TIME OF INJURY Month, Day, Year 20d. INJU While of wark [1401 wilding	N/A N/A						
	21. I certify that (1) (this haspital) attended the deceased fram. 7/1, 1937 to object. 19, that (1) (we) last								
	saw the deceased alive an 6/28 1961, and that death accurred and the causes and an the date stated above								
	22b DATE								
	Ernest he to	romor 1	M.D ATTENDING X MED. STAFF June 30 /1981						
	22c PHYSICIAN'S NAME (Type)		22d. ADDRESS						
	NAME (Type Dr. Ernest M. Lai	rmore	Delmar, Delaware						
		23c NAME OF CEMETERY OF	R CREMATORY 23d LOCATION (City, town, or county) (State)						
	REMOVAL (Special July 1,1961	emorial Park Salisbury, Maryland							
	24 FUNERAL DIRECTOR'S SIGNATURE	250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE							
	HOLLOWAY & COMPANY SAI	LISBURY MAR	YLAND DATE JUL 7 '61 Chilms S. Kraus						



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

AMOTE

	7355 CERTIFICATE OF DEATH							U	07345			
1	PLACE OF DEATH	Wickmi	co	MATTIANI	II o STATE	Mary]		lived. If institutio b. COUNTY	wicom		sion)	
,	b. CITY OR TOWN RURAL and give	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town \$allsbury c. LENGTH OF STAY IN 1b						c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest to Salisbury				
l,	d. NAME OF HOSP OR INSTITUTION	Pen Ge	ve street oddress n Hosp		d. STRE	et address 223 N	lorris	Drive			FARM?	
	3. NAME OF DECEASED (Type or print)	LAWE	RENCE	HENRY	LITTI	ETON	4. DATE OF DEATH	JUNE	12t	_{Day} h	Year 19 61	
	5. SEX Male	6 COLOR OR RACE	7- MARRIED A	NEVER MARRIED		13,189		AGE (In years last birthday) 62 yrs.	Months Doy		ER 24 HRS Min	
	during most of we Merchan	ON (Give kind of work depking life, even if retired)	Groce	G1		Imar,	ar fareign cou	_	U S		COUNTRY	
	13. FATHER'S NAME Charles	Littleton	1		Ва	er's maiden n mma Ma	ae Mor					
	15. WAS DECEASED EV (Yes, no. or unknown) NO	'ER IN U. S. ARMED FORC (If yes, give war or dates of ser	IES? 16. SOCIA	L SECURITY NO	Drive	dys L. Sal	Littl	eton(W	ffe)22 land	3 Mo:	rris	
	PART 1 DE	immediate DUE TO	MES	TURER	ABDO	MINA		NEUB)	rsm	4	AUTOPSY	
	200. ACCIDENT V OR CONTRIBUTION			HOW INJURY OCCUI						PERFL	RMED?	
	ZOC. TIME OF INJU Hour o. m	NT /A 10	While N	OCCURRED 20e.	FLACE OF INJU			or town) N/A	(Cour	ty)	(State	
	saw the dece 220 SIGNATURE 220 HYSICIAN'S NAME (Type)	Dr.John M.	Bloxen	19 <i>C</i> /. and tha	M.D ATTEN PHYS 22d. A	DING A M DDRESS edical	Cente	r - Sa	d on the do June / Lisbur	5 / y, Mal	d above b. DATE 1961	
	REMOVAL (Specific	123b. DATE THEREO	1961 W	NAME OF CEMETER		ırk	Sal	ON (City, town, on 1 sbury	Maryl	end 9nd	ite)	
	HOLLOWAY	or's signature COMPAN		address ISBURY, MA	ARYLANI		D BY REGISTR	c1 .	STRAR'S SIGNA Lathur S. ;			

by the funeral director, d 2 should be filed with TO FULL DIRECTOR: After this certificate has been signed by the attending physicion and completely fills page 3 shauld be detached for use as the burial-transit permit. Then please remaye corbon papers. Pages 1 and the State Boord of Health priar to burial, crematian, or remayal, and in any event, within 72 hours after death. VR A15 (4) 15M II/59

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2

TO HI

s after death. Page 4

1

corrections by the haspital or attending physician. Discretely a contribute the executed within 24 to a softer death. Page 4 ained by the haspital or attending physician.

DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, and be detected for use as the burial-transit permit. Then please remave carbon papers. Pages Land 2 should be filled with

ard of Hearth prior to burial, cremation, or removat, and in any

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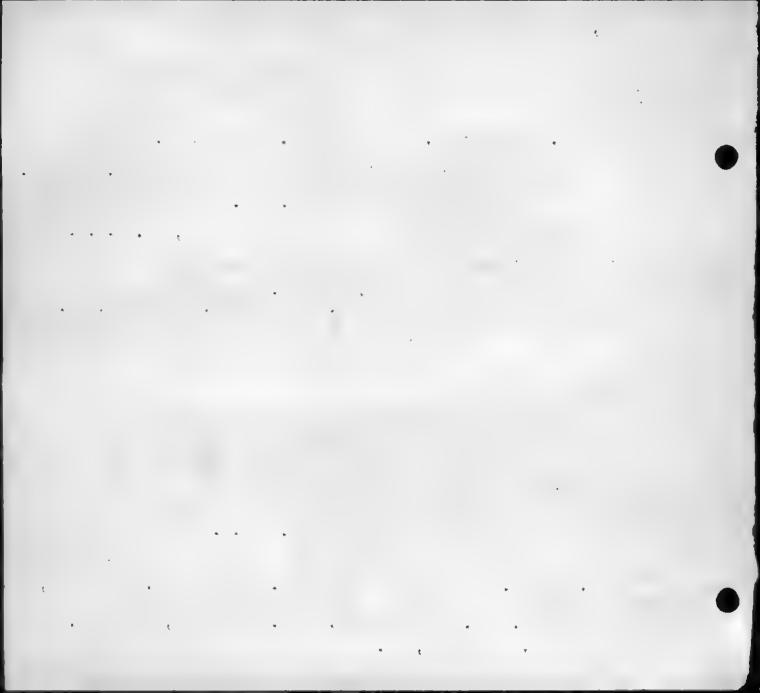
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

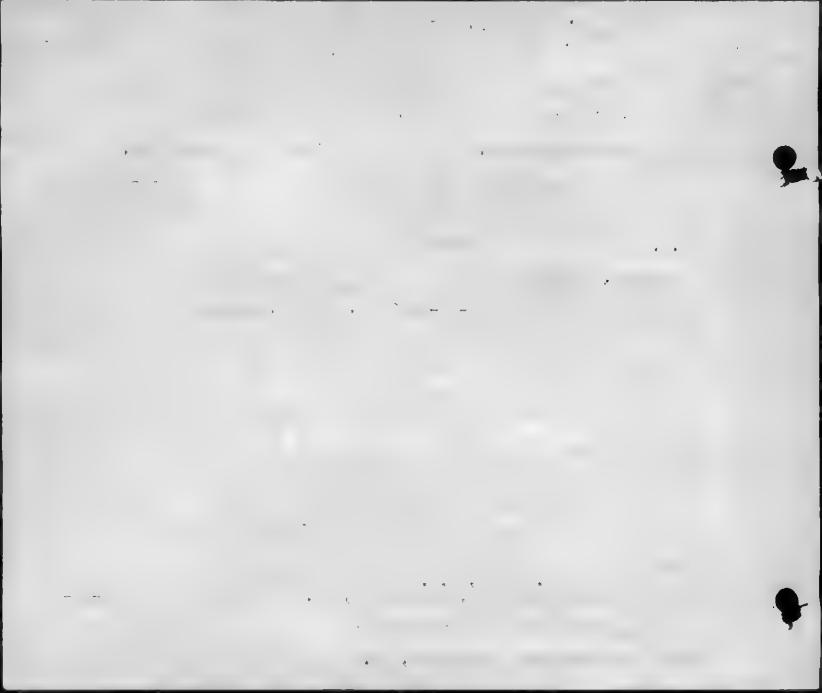
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				U104U				
ODINO NO STANDO 1.0 PARA O STANDO 1.0 PARA O	MARYLAND 2	o. STATE Maryl	ere deceased lived. If institution, Res der B. COUNTYW1CO	mico before admission)				
b CITY OR TOWN (If autside carporate limits, write RIRAL and give nearest town) Salibbury	H OF STAY IN 16	c. CITY OR TOWN (IF out 2 Salisbur	utside corporate limits, write RURAL and	give nearest lown)				
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 104 W. Chestrut	St.	/ d. STREET ADDRESS 104 W. Chestnut St. o. IS RESIDENCE ON A FARMA YES \(\sum \) NO (1)						
	Middle rank Livi	ngston	4. DATE Month June 1	7. Day Year 61.				
5. SEX Male 6. COLOR OF RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH April 14.1878. 9 AGE (In yeors IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours Min.								
100. USUAL OCCUPATION (Give kind of work done during most from the hauling Wicomico County, Me. U.S.A.								
Benjamin Peter Livingsto		14. MOTHER'S MAIDEN NA Martha						
1S WAS DECEASED EVER IN U. S. ARMED PORCES? (Yes notice) (If yes, give war or dates of service) 18. CAUSE OF DEATH [Enter only one couse per line for (o), (I	I.O.		Livingstoff (Winut St. Salisbu	INTERVAL BETWEEN				
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) COYONARY OCCIUSION TO MECHATO Conditions, if ony, which gove rise to immediate gove rise to immediate (b) Arteriosclerofic Heart Disease Many year lying couse last. DUE TO (c)								
PART (I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO X 200 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 201 ACCIDENT WAS UNDERLYING CONTRIBUTION CONT								
20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED Haur, a.m. A white at work								
21 I certify that (I) (this haspital) attended the deceased from. 6 - 70 1960, to 6 - 77-1961, that (I) (we) last sow the deceased alive on. 6 - 15 1961, and that death accurred att 15. How the causes and an the date stated above. 220 SIGNATURE 221 PHYS.CIAN'S NAME (Type) Dr. Paul G. Cayaves ATTENDING MED DIRECTOR STAFF DIRECTOR PHYS CAPACITY PHYS. SIGNED PHYS. SIGNED PHYS. CIAN'S NAME (Type) Dr. Paul G. Cayaves 222 N. Division St. Salisbury, Med Physics								
June 19.1961.		Mem. Park.	23d. LOCATION (City, town, or county) Salisbury, Nar	yland.				
24 FUNERAL DIRECTOR'S SIGNATURE Co. Salisbi	Try, Ma.		D BY REGISTRAR 256 REGISTRAR'S SI					

DATE UN 21 '61



	tems 18-21 Film 289 MARYLAND STATE DEPARTMENT OF HEALTH
1	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
F STATE	7358 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 67347
REALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
Page 3.	e. STATE b. COUNTY
Para September 1	b. CITY OR TOWN (if outs de corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outs de corporate limits, write RURAL and give present lown)
	write RURAL and give naerest town)
w 2 × 0	Salisbury 6 Mos. Salisbury
€ # × % *	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
funeral funeral faire Bo	312 Park Heights Ave. 312 Park Heights Ave. YES NOK
If the funer retained he State Fr death.	J. NAME OF First Middle Last 4. DATE Month Dey Year DECEASED
0 0 - 0	(Type or print) Virginia Miller Mathews DEATH 6-9-67 19
市の 主南	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 19. AGE (In yeers I FUNDER 1 YEAR IF UNDER 24 HRS.
may 2 with a	WIDOWED DIVORCED 18/31/1916 lest birthdey) Months Days Hours Min.
- LD - E	10s. USUAL OCCUPATION (G.vs kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
h. sa (f)	
24 hour Pages PM3. P. Within	13. FATHER'S NAME NUTSING NEW JORSEY US A
10 5 0 3 T	Henry K. Miller Jessie Jewell
	13, WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1.17. TWFORMERITY
~ ~ E ~	(Yes, no, or unkown) (Hyasgivewarordatasofsacvice) 093-16-8083 Mrs. Jessie J. Miller, 434 Draid Hill, City
	NO 1093-16-0003 Mrs. Jessle J. Miller, 434 Druid Hill City 18. Cause of Death [Enter only one cause per line for (e), (b), end (c).]
bxectifing long long susit	PART I. DEATH WAS CAUSED BY:
on on the state of	970 Due to
ould by in percentage of the p	
should ng" in p 's Offic s buria	Geve rise to immediate cause
ate Ingrin	(a), stating the underlying DUE TO
ertificate 1 "pendir Examiner 3 used as	
V 2 _ X 2	PERFORMED?
: This ce ne word tedical E ould be cremat	YES X NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert 1 or Part II of item 18.)
2 9 0 4	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES X NO PRIMARY Or CONTRIBUTING DESCRIBE HOW HAJURY OCCURED, (Enter nature of injury in Part I or Part II of Hom 1B.) Deceased took overdose of sleeping pills.
를 모었는 이 누트	The state of the s
Chie Chie age to bu	Hour e.m. While Not While fectory, street, office bldg., arc.)
E. P. The	A COMPANIE TO THE PARTY OF THE
1020 0	21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection X. Inquiry X. and in my opinion
DICAI e certiff arded IRECT agent,	death resulted from: Natural causes Accident . Suicide X, Homicide . Undetermined manner
TEDIC the ce rward DIRE	CHIEF MEDICAL EXAMINER
2 6 0 . 2	SIGNATURE
OTY I	EXAMINER'S Earl L. Royer, M.D. DEPUTY MEDICAL EXAMINER X
NI S	NAME (Type) 407 Camden Ave. Salisbury, Mee (Straet, city, town, or county) 6-10-61
shoul shoul FUN FUN	228. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Town, or country) (State)
5 245 2	Burial 6/12/1961 Parsons Cemetery Salisbury, Maryland
VS. ATSME	23. FUNERAL DIRECTOR ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE JUN 1 4 '61 Outhor & House
5M 9/60	Fill and Johnson Salisbury, Md. DATE JUN 14'61 Orthur S. Krans



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH AND RECORDS MEDICAL EXAMINER'S Item 2 Film G241 6/26 USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) 1. PLACE OF DEATH tuneral director, Pege lained for your files. State Board of Health, a. COUNTY **6. COUNTY** MARYLAND Wicomico b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Board of write RURAL and give nearest town) Wichita Princess Anne Salisbury
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? retained he State B Me Connell Air YES NO Peninsula General Hospital 4. DATE DECEASED the [Type or or nt] DEATH 6-20-61 Mitchell Thomas with 9. AGE In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 6 COLOR OR RACE 7, MARRIED NEVER MARRIED 8. DATE OF BIRTH s 1, 2, and 3 age 5 may 1 and 2 will 72 hours lest birthday) WIDOWED [DIVORCED [Dec. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if relifed) Air corce U.S.A.F. Baltimore, Marylana Air corce peges 1 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Viola. Hoffman Aussell Mitchell 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yas, no, or unkown) i (Ifyesgivawarordatasofservice) Office along with is burial-transit permit movel, and in any Wichita, Kansas Mrs Frankie Mitchell Air orce new 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c)) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Coronary occlusion Hours IMMEDIATE CAUSE (a) 7 2 11 11 **DUE TO** Arterio-sclerotic heart disease Conditions, if any, which (b) gave rise to immediate cause DUE TO (a), stating the underlying ease execute the certificate, writing the word "pendin should be forwarded to the Chief Medical Examiner PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1681 19. WAS AUTOPSY PERFORMED? 8 NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert II of Itam 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. ute the cermical property of the Chief of forwarded to the Chief AL DIRECTOR: Page 3 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, 1 20f. (City or town) Month, Day, Year (County) (Stelle) Not While factory, street, office bldg., atc.] Houz a.m. at work at work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry Ty and in my opinion death resulted from: Natural causes Accident Suicide -Homicide I Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL I SIGNATURE DEPUTY MEDICAL EXAMINER 6-21-61 L. Royer, NAME (Typa) AVZZ. NAME OF CHEERY OR REMATORY 122d, LOCATION ICE 22a, BURIAL, CREMATION 22d. LOCATION (City, fown, or country) REMOVAL (Specify) 240 g Princess Anne, Maryland urial Oliver T. Beauchamp , 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE MARAL DIRECTOR membrial gardens VS. AISME Cirthun S. Krous Anne, Md. DANIN 26'61 Princess

MARYLAND STATE DEPARTMENT OF HEALTH

decuted within 24 hours after in Item 18. Give Pages 1, 2, ≡ nα with form PM3. Page 5 r



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH **FOR STATE** 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed leved, If ansi tulion: Residence before edmission) e. COUNTY **b.** COUNTY Wicomico MARYLAND b. CITY OR TOWN (if outside corporate limits, E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) write BURAL and give nearest town) Hebron d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Lillian Street. Lillian Street. YES NO TY 3. NAME OF Midde 4 DATE Month DECEASED with the Rodney Thomas (Type or print) Moore DEATH June 19. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Male 8. DATE OF BIRTH 19. AGE (In years I IF UNDER I YEAR! IF UNDER 24 HRS. may 1 (ast birthday) Hours Dec. 15.1892. DIVORCED [WIDOWED [10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Give Pages 1, 2, rm PM3. Page done during mornof working life, even if retired) Farming. Wicomico County, Md. U.S.A. File pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Nicholas Moore Jennie Reddish X M X HS HS X (X X X X X X X X Office along with form burial-transit permit. File noval, and in any event 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO.1 "Mrs. Wary G. Moore (Wife) (Yes, nover unkown) ((Exasqive were relates of service) War Lillian St. Hebron, Maryland. 18. CAUSE OF DEATH [finter only one cause per line for (e), (b), and (c).] PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) **DUE TO** Conditions, if eny, which (b) geve rise to immediate cause 印 DUE TO (a), stating the underlying 10 Ö cremation, or cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.01 19. WAS AUTOPSY PERFORMED? e word YES X NO 4 pluons 20a. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury in Pert I or Pert II of Item 18.) writing the a Chief Me Page 3 sho CAUSE OF DEATH. 1 20d. INJURY CCURRED | 20e. PLACE OF INJURY (Home, Ferm, ; 20f. (dy) 20c. TIME OF INJURY fectory, street, office bldg., etc.) et work et work ed to the 21. I certify that I took charge of the remains described above, held an Autopsy X, Inspection X. Inquiry and in my opinion execute the certifical be forwarded to NERAL DIRECTO designated agent, p death resulted from. Natural causes Accident 1 Su'cide [Homicide [Undetermined manner CHIEF MEDICAL EXAMINER should be forward FUNERAL DIS ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE June DEPUTY MEDICAL EXAMINER TX Dr. Earl L. Boyer 407 EXAMINER'S Camden Aye Street, city, town, or county) Salisbury, NAME (Type) 22c. NAME OF CEMETERY OR CREMATORY 226, BURIAL, CREMATION, 225. DATE THEREOF 22d. LOCATION (City, town, or country) June 21.61. Hebron Cemetery Hebron, Maryland. 240 g 23. FUNERAL DIRECTOR 24e. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME Holloway & Co. Salisbury, Maryland. DATEJUN 2 2 '61 5M 9,60 Cirthur & France

MARYLAND STATE DEPARTMENT OF HEALTH



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BYLAND STATE DEFASTMENT OF REALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301-W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY e. STATE b. COUNTY Wicomico MERYLAND Maryland Wi comi co b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs de corporete limits, write RURAL and give nearast town) write RURAL and give neerest town) Salisbury, Maryland 1 Dav Salisbury d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) a. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO Deer's Head State Hospital Wailes Street 3. NAME OF 4. DATE Middle Year DECEASED OF (Type or print) DEATH Nickerson June 6 COLOR OR RACE 7, MARRIED T NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. est to rthdey) Months Days Hours WIDOWED [Male White 10b. KIND OF BUSINESS OR INDUSTRY 11. BEST PLACE (County & Ste DIVORCED T 78 yrs. 10a. USUAL OCCUPATION (Give kind of work State, or foreign country) I 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Unk Retired Grocer) Unk-BEKKSBUCK. Maryland U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Henry Nickerson Emily Brown 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Mrs. Dora V. Nickerson (Wife) 535 (Yes, no, or unkown), (Ifyesgivewerordatesofservice) Wailes St No Hospital Records 18. CAUSE OF DEATH [Enter only one cause per line for le) b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO geve rise lo immediale cause DUETO (a), steting the underlying cause lest. PART II, OTHER SIGNIF, CANT COND TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES NO 1 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury 'n Pert I or Pert I of item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. NJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (Steta) factory, street, office bldg., etc.) Not While While Hour a.m. N/A10 et work | et work 21. I certify that (I) (this hospita) alrended the deceased from 6/8/61 19, to 6/9/61, 19, that (I) (we) last . ., and that death occurred at.. 53. M, from the causes and on the gate stated above. saw the deceased alive on . 22a. SIGNATURE ATTENDING SIGNED PHYS. X PHYS. DRECTOR 1961 M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME [Type] Lee L. Lawry. P. 0. 671 -- Salisbury, 1 23d. LOCATION (City, fown or county) 23a, BURIAL, CREMATION, | 23b, DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY Burial Wicomico Mem. Park Jun.13,1961 Salisbury Maryland 256. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE DAMUN 1 5 '61 SALISBURY MARYLAND HOLLOWAY & COMPANY Cirilway S. House



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after death. Page 4

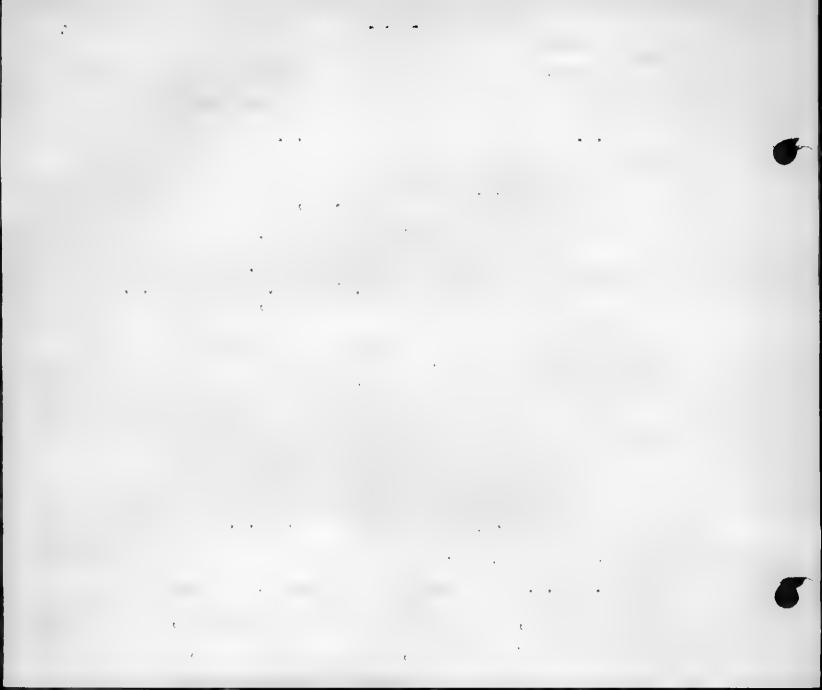
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

Included by the hospital or attending physician.

URECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, it is not attached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filled with page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages the State Baard of Health prior to burial, cremation, or remaval, and in any event, within 72 hours after death.

1. PLACE OF DEATH 0. COUNTY WICOMICO MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Wickmico
b. CITY OR TOWN (If outside carporate limits, write c LENGTH OF STAY IN 1b RURAL and give nearest town) 1co(Rural)	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Quantico (Rural)
or INSTITUTION R.D.# 1 Hebron Route	d. STREET ADDRESS R.D.# 1 Hebron e. IS RESIDENCE ON FARM? YES D NO
3. NAME OF DECEASED (Type or print) WILLIAM SILAS	OWENS 4. DATE OF JUNE 9th Day Year 61
S SEX Male 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B DATE OF BIRTH Nov. 15,1882 9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS Oxy Months Days Hours Min.
10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Harmer Farming	Quantico. Maryland USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Celious Owens	Maggie E.Goslee
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1749. 19 year war or doles of service)	NFORMANI P.Owens(Wife) H.D.#1Hebron Quantico, Maryland
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last. (c) TO DUE TO (c)	Lage, Cerebral Artery INTERVAL BETWEEN ONSET AND DEATH Levolic Heart Deis 10 yets
CATK	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
206. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Port I or Port II of item 18.)
	ACE OF INJURY (Hame, farm, 20f (City or town) (Caunty) (State N/A N/A
21 certify that (I) (this harpital) attended the deceased from saw the deceased alive an form 122a. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	death accurred dis 30M, from the causes and an the date stated abave ATTENDING MED DIRECTOR FRYS June / 0 /1961 22d. ADDRESS
Dr? Geo, G. Schlesinger	Mardela, Maryland
230 BURIAL, CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETERY CORRESPONDED BURIAL June 12,1961 Quantico	Cemetery Quantico, Maryland (State)
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE
HOLLOWAY & COMPANY SALISBURY, MAI	RYLAND DAJUN 15'61 Chilling & Thomas

TO FUND TO HO VR ATS (4) 15M 9/59



DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND 64 CERTIFICATE OF DEATH if director, filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) o. COUNTY o. STATE Wicomico **b** COUNTY MARYLAND Marvland Wicomico funeral of b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) should Salisburv Salisbury the d. NAME OF HOSPITAL (If not in hospital, give street oddress) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? OR INSTITUTION cv. 530 Winder St Spring YES NO T Private Sanitarium pup NAME OF 4. DATE 3. Middle Last Month Year DECEASED MORRIS THOMAS ${f PHILLIPS}$ Pages JUNE 10th (Type or print) DEATH 19 61 IF UNDER 1 YEAR IF UNDER 24 HRS 5 SEX 6 COLOR OR RACE 7. MARRIED W NEVER MARRIED 9. AGE (In years B. DATE OF BIRTH completely ofter 82 yrs Months Davs Hours Sept. 9. 1878 Male WIDOWED [DIVORCED [7] papers. 10a USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? hours during most of working life, even if retired) pup Contractor & Builder White Haven Maryland corbon Construction 2 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physicion .⊆ William Phillips Estelle Price remove IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Mrs. Mattie Address Owems Phillips(Wife) 530 No offending Salisbury Maryland CAUSE OF DEATH [Enter only one couse per (ine for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ă PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) DUE TO þ permit. Canditions, if ony, which (b) gave rise to immediate DUE TO couse (a), stating the underbeen si lying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY cremation, PERFORMED? the burial YES NO TO ar ottending 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) certificate CAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or lown) Doy, Year (County) (Stote) ã factory, street, affice bldg., etc.) Hour o.m. White Not while ot wark at work ____, 19.4 _/_, that (I) (we) last 21 | certify that (1) (this hospital) attended the deceased from.____ detached saw the deceased alive an 1941, and that death accurred at _____M, fram the causes and an the date stated above. FUNERAL DIRECTOR: 22a. SIGNATU 22b DATE SIGNED 961 þ M.D. PHYS DIRECTOR T Board 22c. PHYS CIAN'S 22d. ADDRESS 3 should A. Inslev Philip St. Main Salisbury Maryland page 3 sh the State 23a. BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (State) Burial 961 Wicomico Memorial Park Salisbury Maryland 0 25h REGISTRAR'S SIGNATURE **ADDRESS** 25a. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR'S SIGNATURE DATE JUN 1 6 '61

COMPANY

SALISBURY

arthur & Kroug

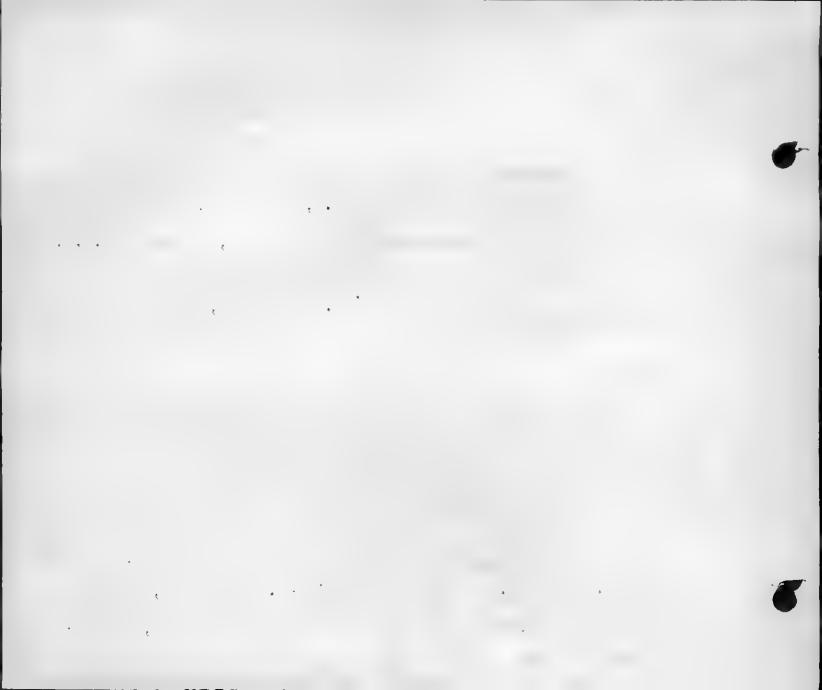
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physician.

after death.



1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	1365 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)
> a . €	e, COUNTY e. STATE b. COUNTY
essary r. Page files. Health	b. CITY OR TOWN (if outs de corporete limits, c. LENGTH OF STAY IN 1b
8 5 2 2 (IA1	write RURAL end give neerest town)
r si propina	Salisbury d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE
for Bo	ol ON A FARM?
fune aine state	3. NAME OF First Middle Last 14. DATE Month Dey Year
If an the retained he Series	OF DECEASED (Type or print) Round No. omi Powell DEATH 6-6-7 19
S to	5 SEX 6. COLOR OR RACE, 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yours If UNDER 17 FAR IF UNDER 24 HRS.
deg may 2 wil	WIDOWED D VORCED OFT 2 1956 (ast bighdey) Months Days Hours Min.
2, a	100. USUAL OCCUPAT. ON (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
urs 2 Page 1 ag	done during most of working I (e, even if relired) Selbewille, Del. U.S.A.
Page (3. 1	13. FATHER'S NAME
42 × 2 × 2 × 1	Decree forvell Meldred Lockewood
温の温度	15. WAS DECEASED EXER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) Julyos give we ror deless of service)
ad w firm 11 inh my iny	Jeorge Forvell, Selvejockly, la
ocuto n Ite g w if po in a	18. CAUSE OF DEATH (Enter only one cause per line for (e) (b), and (c).] OAST I, DEATH WAS CAUSED BY:
cil i	IMMEDIATE CAUSE (e). Septicemia: pneumonia.
d be pen ice i	DUE TO
nould Pour Pour	Conditions, if any, which (b) Third degree burns 40 % and second degree 15 days
er's as a	(e), steting the underlying POURTO 25 % of body surface.
ifica pend sed o	cause last. [c] PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY
office and	PERFORMED?
This wor	YES NO X
The The Alector	□ PRIMARY □ or CONTRIBUTING □
ring hief buri	I I I I I I I I I I I I I I I I I I I
Wriger of Change	
EX sate, sate, which of this or this or this or increase.	21. I certify that I took charge of the remains described above, held an Autopsy Inspection I. Inquiry I. and in my opinion
A to the state of	death resulted from Natural causes Accident X. Suicide Homicide , Undetermined manner
DIO Bardes Bardes Bardes	CHIEF MEDICAL EXAMINER
Me fed of the	ACTUAL SIGNATURE DATE SIGNED
FY be the RAI igna	EXAMINER'S Earl L. Royer, M.D. DEPUTY MEDICAL EXAMINER X 6-8-61
D design	NAME (Type) 107 Camdon Ave. Salisbury. Mc (Street, city, town, or county)
DEPP Base e Shæulc FUN its de	220. BURIAL, CREMATION (226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State)
5 g 4 5 g	15wind 6-8-61 Longo comeleng 1. Della Dil.
VS. ATSME	23. FUNERAL DIRECTOR POCOMPAL CELT, Md. J. JUN 1 3 '61 Calling & Knows
5M #/60	The sould be seen the seen of

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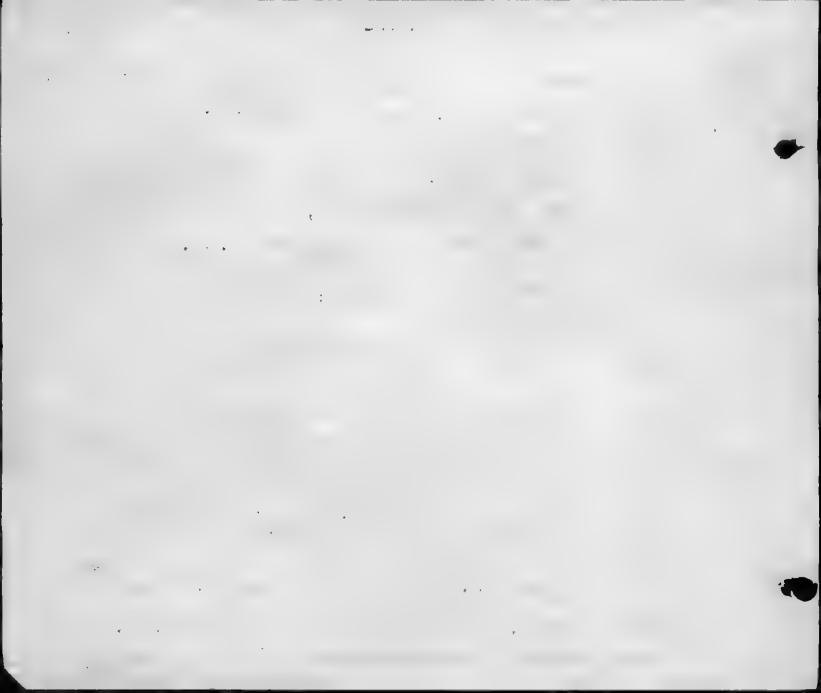
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

7365

CERTIFICATE OF DEATH

. 1		
	1. PLACE OF DEATH a. COUNTY Wicomico MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. STATE Maryland b. COUNTY Queen Anne's
/	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN the	c. CITY OR TOWN (If outside corporate lum ts, write RURAL and give neerest town)
	Salisbury, Maryland 5 mo. 1 day	Queenstown, Md.
.1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS . e. IS RESIDENCE
	Deer's Head State Hospital	17X-) ON A FARM?
	3. NAME OF First Middle DECEASED	Lest 4 DATE Month Day Year
	(Type or print) Esther K.	Pries DEATH June 10 19 61
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BRTH 19. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	I I I I A A A A	May 20, 1886 rest birthday) Months Days Hours Min.
	10s. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTR	TY 11. B RTHPLACE County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	dona during most of working lifa, even if retired)	
	House Work at Home None	Lancaster Co. Pa. U SXA
	Unk	Unk
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. (Yes, no, or unknown) (If yes give were relates of service)	cords: Hospital
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b, And (c).]	INTERVAL BETWEEN
	PART I, DEATH WAS CAUSED BY:	ut Melaurma onset and Death
	IMMEDIATE CAUSE (e) // SCLET GAT &:	un riceausma /yr.
	DUE TO	
	Conditions, if any, which (b)	
	gave rise to immediate causa (a), stating the underlying DUE TO	
	cause lest. (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT REVATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(4) 19. WAS AUTOPSY PERFORMED?
	El Ceretral Hospylonia dell'	To accuse a living of yes X NO I
0	# 20a. ACC DENT WAS UNDER TING 1 20b. DESCR BE HOW INJURY OCCURED	D. (Enter profuse of injury in Part I or Pert I of Item 18.)
mi.	PART 1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO Creft al Tombour due 20a. ACC DENT WAS UNDER TING 1 20b. DESCR BE HOW INJURY OCCURED OR CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) N/A	
	21/ 22	CE OF INJURY (Home, farm, 201, (City or town) (County) (State)
	Hour e.m. Not While fac	fory, street, office bldg., atc)
		IV/A IV/A
	21. I certify that (I) (this hospital) attended the deceased from.	Jan. 9 1961, to June 19 1961, that (1) (we) last
	saw the deceased alive on	death occured at 2:10PM om the causes and on the date stated above.
	22a. SIGNATURE	ATTENDING MED. STAFF 22b. DATE
ji j	Me of decert "	D. PHYS. DIRECTOR PHYS. X June 11, 1961
	NAME (Type) Lon Lawry M.D.	Salisbury, Maryland
	NAME (Type) Lee Lawry, M.D.	valisbury, mary rand
	230. BURIAL, CREMATION, 236. DATE THEREOF , 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
	Burial June 15.1961 Lawn Croft	t Cemetery Boothwyn, Pa.
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	HOLLOWAY & COMPANY SALISBURY MAR	YLAND DATE JUN 15 '61
		YLAND DATE WILL S OF 1 Outling & Kings



1. PLACE OF DEATH
O COUNTY

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18								
Tan de From Birthe CERTIFIC	ATE OF DEATH Reg. Dist. No. 7356							
Amico MARYLAND	2 USUAL RESIDENCE (Where deceased lived it institution Residence before admission) STATE COUNTY COUNTY							
ide corporate limits, write c. LENGTH OF STAY IN 16 town)	c. CITY OR LOWN (If Autside corporate limits Write RURAL and give nearest town)							
A GENERAL HOSPITAL	723 Deleware the "s residence on a farm? YES \(\) NO \(\)							
First Middle	Lost 4. DATE Month Day Year OF DEATH JUNE 21 1961							
COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH June 21, 1961 9. AGE (in years lift UNDER 1 YEAR IF UNDER 24 HRS last birthday) yrs Months Days Haurs Min							
ive kind of work dane 10b. KIND OF BUSINESS OR INDI	USTRY 11 BRTHPLACE (State or foreign country) 12.CITIZEN OF WHAT COUNTRY?							
Keede	Thelia may							
U. S. ARMED FORCES? (6. SOCIAL SECURITY NO. give war or dates of service)	Orlie Real Address							
Enter only one couse per line for (a), (b), and (c) } (AS CAUSED BY: (EDIATE CAUSE (a)	INTERVAL BETWEEN ONSET AND DEATH							
which (b) Premoti	wy (Wt 1060gms) approx							
diate DUE TO (c)	/							

	b. CITY OR TOWN (If or RURAL ond-give neare	utside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If dutside corporate li	mits write RURAL a	nd give nearest town)
	DALIS	SBIRY	ms.	Helia	luas m	16	
_	d. NAME OF HOSPITAL OR INSTITUTION ENINSU	(If not in haspital, give street A GENERA.	1//	723 d	Delewon	2 tre	e IS RESIDENCE ON A FARM? YES \(\subseteq \text{ NO \(\subseteq \)}
	NAME OF DECEASED (Type or print)	First	Middle	REID LOSS	4. DATE OF DEATH	Month	Day Yeor
\$:	SEX 6	COLOR OR RACE 7. MARI		B. DATE OF BIRTH June 21.	9. AG	GE (In years IFUNI t birthday) Month	DER TYEAR IF UNDER 24 HRS
0a	. USUAL OCCUPATION during most of working	(Give kind of work dane 10b.	KIND OF BUSINESS OR INDU		laced and		CITIZEN OF WHAT COUNTRY?
3.	FATHER'S NAME	Red	R_	14. MOTHER'S MAIDE	IN NAME	260	3,07
	WAS DECEASED EVER II	U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO.	Orlie	Re	Address	
	18. CAUSE OF DEATH	[Enter only one couse per li	ne for (a), (b), and (c)		Α-,-		INTERVAL BETWEEN
	PART I DEATH	WAS CAUSED BY:	Atelects	Sis			ONSET AND DEATH
	1	DUE TO		, /,	1	1	
	Conditions, if ony,	which)	Promot.	JILF.	ut 1060g)	ms.)	40rade
	gove rise la imm	rediate (Dur TO	14 (11)	117	1		2 h Y's
	cause (a), stating the lying cause lost.	under- (c)					
z	PART II. OTHER		CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TE	ERMINAL DISEASE CON	IDITION GIVEN IN I	PART 1(a) 19 WAS AUTOPSY
ΑĬ		_					PERFORMED? YES NO
Ë	20a ACCIDENT WAS	INDERLYING IT 20b. DES	CRIBE HOW INJURY OCCURRE	C (Enter nature of injury	in Part Lar Part II of	item IR)	113 [] 110 []
IL CERT	OR CONTRIBUTING []	CAUSE OF DEATH DICAL EXAMINER)					
EDIC	20c. TIME OF INJURY Have a.m.	Month, Day, Year 20d I. While	VJURY OCCURRED 20e. PL Not while for	ACE OF INJURY (Home, tory, street, affice bldg.,	form, 20f. (City or tovetc.)	wn)	(County) (State)
¥Ε	p, m.	19 of wor					
	21. I certify that	rattended the deceas	ed from $6/21$	19 6 1, 10	m 6/21	196 Lthat I	last saw the deceased
	alive an	121 19/	and that death	accurred at_ 10	A. M. fram the c		the date stated abave.
		. 1 0 0	212	-	ADDRESS (Street, c		DATE SIGNED
	ACTUAL SIGNATURE	Mude	Lolls.	MD me	dual	Cenly	4/21/61
	PHYSICIAN'S			0.	Λ.	\	0
	NAME (Type)	4		dal	ullu	y Ma	ustand
220	BUR AL, CREMATION,	22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d LOCATION (City, tawn, or count	(Stote)
2	PEMOTAL (Specify)	6-23-61	Sloss He	el Can	9000	rolly	me
23	FUNERAL DIRECTOR'S S	IGNATURE	ADDRESS	24a. F	REC'D BY REGISTRAR	24b. REGISTRAR	SIGNATURE
	1 mastru	1201 - o o o o		DATE	JUN 2 6 '61	C. Santania	Y Hansa

VS A15 (4) 15M 9/58



MARYLAND STATE DEPARTMENT OF HEALTH 1. MARYLAND

2	Ö	0	DIVISION	OF	STATISTICAL	RESEA	RCH A	IND	RECOR	DS —	BALTIN	ORE
Ð	D	0			CE	RTIF	ICA	TE	OF	DE	ATH	

L		CERTIFICA	TE OF DEATH	()	7357
1	PLACE OF DEATH	item 4 film	TUSUAL RESIDENCE Where deceased		e befare admission)
	Wicomico	, MARYLAND	Maryland	6. COUNTY Wicomic	30
Г	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside corpor	ote limits, write RURAL and gi	ve negrest town)
	Salisbury	2 Wks.	/2 Salisbury		
	d. NAME OF HOSPITAL (If not in haspital, give street or INSTITUTION	address)	d. STREET ADDRESS		e. IS RESIDENCE
	Sp. Hill Pr. Sana.		1002 N. Divisio	n St.	ON A FARM?
3	NAME OF First	Middle	Last 4. DATE	, /Month	Doy Year
	DECEASED (Type or print) PAUL	JONES RICH	HARDSON, Sr. DEATH	Lune	14. 196/
5.	SEX 6 COLOR OR RACE 7 MARR	IED NEVER MARRIED	B DATE OF BIRTH		YEAR IF UNDER 24 HRS
	Male White WIDOW	D DIVORCED	3-3-1886	75 yrs. Manths	Doys Hours Min.
100	LUSUAL OCCUPATION (Give kind of work dane 10b. during mast of working life, even if retired)	KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State or foreign co	untry) 12 CITIZ	EN OF WHAT COUNTRY?
		ty Gov.	Maryland	U.	S.A.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
	Elliott Richardson		Amelia Anne Bake	r	
15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. s. no. or unknown) (If yes, give wer or defen of service)	SOCIAL SECURITY NO 17 IN	FORMANT	Address	
1	No	M	rs. Martha H. Richa	rdson. Same	
	18. CAUSE OF DEATH [Enter only one cause per lin				INTERVAL BETWEEN
П	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)	REMIA			ONSET AND DEATH
	144 Y DUE TO				
	Conditions, if any, which	ELO NEPHR	itis - BILAF	CRAL	
	gave rise to immediate (
	lying couse ast	RCINOMATORI.	s - PELVIC - SIGN	iet cen tyre	
Z	PART II. OTHER SIGNIFICANT CONDITIONS				1(o) 19 WAS AUTOPSY
CERTIFICATION					PERFORMED? YES NO
1F	20a. ACCIDENT WAS UNDERLYING 20b. DESC	CRIBE HOW INJURY OCCURRE). (Enter noture of injury in Port) or Port	It of item 18)	
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
3		NJURY OCCURRED 20e. PL	CE OF INJURY (Home, farm 20f (City	or town) (Co	ounty) (State)
MEDICAL	Haur a.m. While at worl	IADLAUIS	tory, street, office bldg., etc.)	Am	
	21. 1 certify that (I) (this hespital) attend	lad the decented from	APR. 1961, 10	19 6	I that (I) () last
	saw the deceased alive an JUNG	Po 194 L and that d		the causes and an the	
	22a. SIGNATURE	27_17.00_3,7 dired filled to	editi decorred of,,,	the cooses and an the	22b DATE
	(1), 88, in 13	tous-	M.D. PHYS IN DIRECTOR	STAFF PHYS	5-21-61 SIGNED
	ZZc. PHYSICIAN'S	X	22d. ADDRESS		
	NAME (Type) Dr. William B.	Long	Medical Cente	r Salisbury, 1	laryland

23b. DATE THEREOF 23a BUR AL, CREMATION, REMOVAL (Specify)

23c. NAME OF CEMETERY OR CREMATORY Wicomico Memorial Park 23d. LOCATION (City, town, or county) Salisbury, Maryland

24 FUNERAL DIRECTOR'S SIGNATURE Hill & Johnson Co. Salisbury, Maryland

250 REC'D BY REGISTRAR DATE JUN 2 3 '61

Collins S. Kruss



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

a COUNTY Wicomico MARYLAND	d. STATE Maryland b. COUNTY Wicomico						
b. CITY OR TOWN (If outside corporate limits, write RURAL and give-equest lows)	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury						
d. NAME OF HOSPITAL (If nat in haspital, give street oddress)	d. STREET ADDRESS e IS RESIDENCE ON A FARM?						
OR INSTITUTION Pen Gen Hospital	606 E. Isabella St YES NO X						
3. NAME OF First Middle	Losi 4. DATE Manth Day Year						
(Type or print) ROY DAUGHERTY I	ROBERTSON DEATH JUNE 9th 1961						
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9 AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS						
Male White WIDOWED DIVORCED	Dec. 8.1884 lest birthdoy) Manths Days Hours Min.						
10a USUAL OCCUPATION (Give kind of work dane 10b, KIND OF BUSINESS OR INI							
Retired Auto Salesman	Wivalve, Maryland USA						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
Francis Robertson	Mary Hesley Price						
	Trs. Alma Robertson (Wife) 506 E. Isabella						
No	St. Salisbury Maryland						
18 CAUSE OF DEATH [Enter only one couse per line far (a), (b), and (c)]	INTERVAL BETWEEN						
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH						
193,0 DUE TO							
Conditions, if any, which) (b)							
gave rise to immediate DUETO							
cause (a), stoting the <u>under-</u> lying cause lost.							
	UT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?						
[F]	YES NO						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 7 / A	RED. (Enter nature of injury in Part I or Port II of item 18)						
1 1 2 2 2 2	PLACE OF INJURY (Home, form, 20f. (City or tawn) (County) (State)						
Hour o m N/A 10 White Nat white	factory, street, office bldg., etc.)						
21. I certify that (I) (this hospital) attended the deceased fram							
saw the deceased alive and the 22a. SIGNATURE	t death accurred the stated above						
The solution of the solution o	M.D. ATTENDING X MED STAFF June 9 /1961						
22c. PHYSICIAN'S	22d. ADDRESS						
NAME (Type) r. Carrie Hearn	N.Division St. Salisbury, Maryland						
230 BURIAL, CREMATION, 23b, DATE THEREOF 23c, NAME OF CEMETERY							
REMOVAL (Spec'Ty)	Memorial Park Salisbury Maryland						
Burial Jum 11 1961 WICOMICO 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REGISTRAR 25b. REGISTRAR'S SIGNATURE						
HOLLOWAY & COMPANY SALISBURY.MA	RYLAND DATE CINENA & Kine						

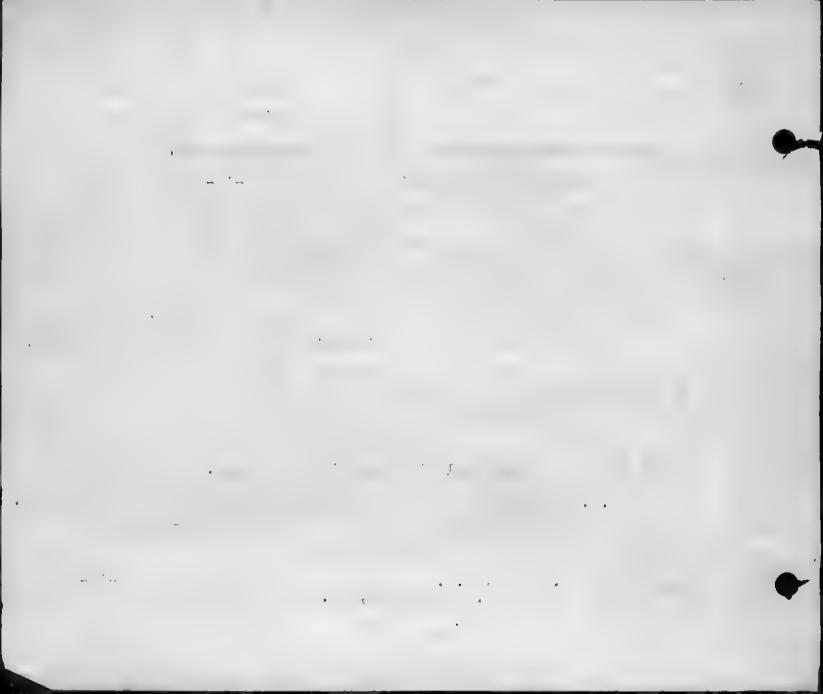
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ifter death. Page 4

DR ATTENDING PHYSICIAN: The low requires that the death certificate be executed with



MARYLAND STATE DEPARTMENT OF HEALTH



VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

7 W	-									
	1.	PLACE OF DEATH	1	2. USUAL RESIDENCE		L COUNTY		edmission)		
	_	Wicomico	MARYLAND	a. STATE Maryl	atio	K. COURT	ent			
		b. CITY OR TOWN (if outside corporate l'mits, write RURAL end give neerest lown)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outs'de corporete li	mits, write RURAL a	nd g've neerest tov	vn)		
		Salisbury	79 davs	Kennedy	ville					
11		d. NAME OF HOSPITAL OR INSTITUTION (IF I		d. STREET ADDRESS	-		o. IS R	ESIDENCE		
		Deer's Head State H			_			A FARM?		
	3.	NAME OF First DECEASED	M ddle	Last	4. DATE OF	Month	Day Yea	ır		
		(Type or print) Henry	M.	Rutter	DEATH	June		61		
	5.	SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED B	DATE OF B.RTM	9. AGE	(In yeers IF JNDER		_		
		Male White	VIDOWED A DIVORCED	Oct. 24, 18	72 88	yes. Months	Days Hours	Min.		
	10	. USUAL OCCUPATION (Give kind of work	106. KIND OF BUSINESS OR INDUSTR	Y 11. B RTHPLACE (Count	y & State, or foreign	country) 12. C	TIZEN OF WHAT	COUNTRY?		
		reading most of working life, even if ratified Farming	Farm Owner	Maryland			U. S. A			
1	12.			14. MOTHER'S MAIDEN N	4.4					
.)		William J. Rut		Rollison	(TSC)	name unk	nown)			
	15. [Ye	WAS DECEASED EVER IN U.S. ARMED FORCE	S? 16. SOCIAL SECURITY NO. 17. II	NFORMANT		Address				
	١.	No	218-10-4338 Hos	spital Reco	rds Sal	lisbury,	Md.			
		18. CAUSE OF DEATH [Enter only one ca	use per lina for (a), (b), and (c .)	_		- •	I ONSET AND			
		PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) Corebral thrombosis								
		332 × DUE TO								
		Conditions, if any, which \ (b)	Generalized arter	riosclerosis			10 yrs			
		gave rise to immediate ceuse					70 320			
		(e), stating the underlying DUE TO								
	,	PART II. OTHER S.GNIFICANT CONDITIO	INS CONTRIBUTING TO BEATH BUT NO	T DEL ATEN TO THE TERMIN	AT DISEASE COND	TION CIVER NI DAI	DT 1 =1, 10 14/45	A ITODSY		
	Ţ	PART II. OTHER SIGNATURANT CONSTITU	AS COMMISSING TO BEATH BUT NO	A VERNIED TO THE TEXMINA	AL DISLASE COMB,	AT PI, PILTE PAOI	PERFC	DRMED?		
	2						YES	NO 🔀		
Č.	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 2 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Ob. DESCRIBE HOW INJURY OCCURED.	. (Entar natura of injury in P	art I or Part II of iten	1B,)				
	¥.	20c. TIME OF INJURY Month, Day, Year		CE OF INJURY (Home, farm,		n) (Co	unty)	(Stefa)		
	MEDICAL	Hour e.m. 19	While Not While lacts	ory, street, office bldg., atc.)						
		21. I certify that () (th)s hospital	rattended (he) deceased from	April 31	961. to J	wne 21 . 19	61. that (1)	(we) last		
		saw the decreased alive on June.	4- / / -							
		228, SIGNATURE	and the state of t	12:	39 Form the		226	DATE		
1		-/ 44 /	danted .	0.000	ED. STA	(FF 'S. X	6/21/	SIGNED		
1		22c. PHYSICIANS	Macco of M.	22d, ADDRESS			4/ 21/	· -		
		NAME (Type) Lee L. Law	rv. M. D.	Deer's He	ad Hospit	al: Salis	bury. Md			
. 1		1	F 23c. NAME OF CEMETERY			(City, lown or cour				
4,	=									
•	230	Burial (Specify) 6/24/6.	l Galena Cer		Gale		Md.	itate)		
•		BUTIAL (Specify) 6/24/6:	Galena Cer	netery	Galer D BY REGISTRAR	na	Md.			
		Burial 6/24/6	Galena Cer	netery	Gale	na 256. registrar's	Md.			



DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

7379

CERTIFICATE OF DEATH

07361

	C 9 53								_ v v	() a.
1 PLACE OF DEATH 0. COUNTY	lcomico		MARYLAN		UAL RESIDENCE (Where decease ryland	d lived, If institu b. COUNT	ru.	ce before adr	ทเรรเอก)
b CITY OR TOWN (RURAL and give n Salisbu	If outside corporate limearest town)		e 8/9/60	b c.	RFD #3,			RURAL and g	ive nearest to	own)
OR INSTITUTION	TAL (If not in hospitol, in the state of the		_	d.	STREET ADDRESS				10	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	Fi Ma	rst ry	Middle	Sc	hneider	4. DATE OF DEATH	_	onth UNE	Doy 21	Year 19 61
s sex Female	6 COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED [J 1	of BIRTH	1881	9. AGE (In year lost birthday 80 yr	Months	Doys Hou	Vrs Min
10o. USUAL OCCUPAT during most of wor Houses	king life, even if retired	done 10b. KIND	OF BUSINESS OR IN	DUSTRY 1	BIRTHPLACE (SIG		country)		ZEN OF WHA	AT COUNTRY?
13. FATHER'S NAME	LEFI			14 /	MOTHER'S MAIDEN		FIKE			
	cob Schuma					herine	Leffet			
IS. WAS DECEASED EVI (Yes, no, or unknown) NO	IR IN U. S. ARMED FOI (If yes, give wor or dates of	RCESP 16. SOCIA		Reco	ds of P	ine Blu		te Hos	pital	
	ATH (Enter only one of ATH WAS CAUSED BY: IMMEDIATE CAUSE (c	, H	(o), (b), and (c)] ypertemsi	ve Ca	rdiovas	cular	Disease			L BETWEEN ND DEATH OWN
Canditions, if c gave rise to i cause (a), stating lying cause last.	the <u>under-</u> DUE TO	o)								
\$ 002X	Pulmon AS UNDERLYING CAUSE OF DEATH	ary Tub	erculosis HOW INJURY OCCU					GVEN IN PAR	PEI	AS AUTOPSY REORMED?
- -	CAUSE OF DEATH MEDICAL EXAMINER) RY Month, Doy, Ye	or 20d INJURY While of work	OCCURRED 20e	. PLACE OF foctory, st	INJURY (Home, fi	orm, 20f. (Cil	y or town)	(C	County)	(Stote
21. I certify the	at (1) (this haspita sed alive art Jun	l) attended t		m Aug	occurred at	19 60 ta _ 23 M, fram	June 2	1 196	1, that (l) (we) last ted abave
22c. PHYSICIAN'S NAME (Type)	E. P. Ritc	telu.	M.D.	M.D. F	ATTENDING DATESS 2d. ADDRESS Salis	bury,	STAFF D	đ	6,	/21/6]
23a BURIAL, CREMATIC BEMOVAL (Specific	ON, 236 DATE THERE		NAME OF CEMETER	Y OR CREA			ATION (City, town		hed"	Stale)
24 FONERAL DIRECTOR	S SIGNATURE	1	ADDRASS	1		EC'D BY REGIS		GISTRAR'S SIC		

the attending physician and campletely filled in by the funeral directar, Then please remove carbon papers. Pages 1 and 2 shauld be filed with may ed by the haspital ar attending physician.

TO FUNERAL SIRECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 shauld be detached far use as the burial transit permit. Then please remave carban papers. Pages 1 and the State Board of Health prior to burial, crematian, or removal, and in any event, within 72 haurs after death.

ofter death. Page 4

VR A1S [4] 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



funeral

completely filled

puo

physician

attending

þ

been signed

RECTOR

0



DIVISION OF STATISTICAL RESEARCH W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH funeral 7. USUAL RESIDENCE (Where decresed lived, If Institution, Residence before admission) I. PLACE OF DEATH a. COUNTY **b.** COUNTY Wi.comi.co Baltimore City by the land 2 sideath. MARYLAND b. CITY OR TOWN (if outside corporate limits, e. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and giva neerest town) Salisbury Baltimore .= papers Pages 1 n 72 hours after Pages filled i d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d STREET ADDRESS e. IS RESIDENCE ON A FARM? 2939 Eastern Avenue Deer's Head State Hospital YES NO 3. NAME OF 4. DATE Middle Year DECEASED comple OF Charles (Type or print) Sommers DEATH 20 June 19 61 carbon 6 COLOR OR RACE 7. MARRIED THEVER MARRIED B. DATE OF BIRTH IF UNDER 24 HRS. 9. AGE (In years IF UNDER 1 YEAR ! and last birthday) | Months | Hours Male White WIDOWED [DIVORCED pĥy⊪ician 10e. USUAL OCCUPATION (Give kind of work геточе 106, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working I fe, even if retired) 20 leaman 13. FATHER'S NAME 926 Then please Ę and Unknown 5. WAS DECEASED EVER IN J.S. ARMED FORCES? | 16 SOCIAL SECURITY NO. 17. INFORMANT Address the (Yes, no, or unkown) (If yas give wer or detes of service) emoval 216-07-2375 ihe 18. CAUSE OF DEATH (Enter on y one cause per line for (e), (b., end (c),) INTERVAL BETWEEN ģ ONSET AND DEATH ig physicial signed by PART I. DEATH WAS CAUSED BY: Acute myocardial failure l day IMMEDIATE CAUSE (e) has been size. **DUE TO** Bronchial Asthma attending parts signal 20 Yrs Conditions, if any, which (b) geve risa to immediate causa DUE TO (a), stating the underlying certificate ha ò PART I. OTHER SIGN, FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6)1 19. WAS AUTOPSY PERFORMED? Pulmonary emphysema NO F prior 200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 2Db DESCR.BE HOW INJURY OCCURED, (Enter neture of 'njury in Part I or Part II of item 18.) DIRECTOR: After this c 3 should be detached for (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY 1 2Dd, INJURY OCCURRED 2De, PLACE OF INJURY (Home, ferm, 2Df. (City or town) Month, Day, Year (County) (State) factory, street, office bldg., etc.) While Not While at work | et work 21. I certify that (I) (this)hospital) attended the deceased from 10/1 1901, to 6/20 1001, that (I) (we) last , and that death occured saw the deceased 22e. SIGNATURE 22b. DATE ATTENDING MED. SIGNED 6/20/63 death, TO FUNERAL I director, page 3 be filed with the DIRECTOR PHYS. PHYS. 22c. PHYSICIAN 22d. ADDRESS NAME Type Lee L. Deer's Head Hospital: Salisbury, Md. 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, Jown or couply) (State) REMOVAL (Specify) REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH



death A may be retained by the hospital or attending physician.

TO I May be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

2373
CERTIFICATE OF DEATH 7376 07365

	7376	CER	FIFICATE	OF DEAT	Н		07365
1. PLACE OF DEATH			2		NCE (Where daceass		Rasidance before
WICOM	rao		MARYLAND	e. STATE Maryl	and	b. county Wicomi	00
b. CITY OR TOWN (outside corporate limits.		OF STAY IN 16		N (If outside corporete		
write RURAL end		7708	3	> 11.3			
Salis	L OR INSTITUTION (IF A		days	d. STREET ADDRE			1 e. IS R
DEER'S H	LAD STATE H	SPITAL	B. 500.633)				ON
- 5				1			YES
3. NAME OF DECEASED	First	_	ıddle	Last	4. DATE OF	Month	Doy Yes
(Type or print)	Edwar		- S	PRADLEY	DEATH	June	7 19
5. SEX	6. COLOR OR RACE 7.	MARRIED NEVER	MARRIED 3 8. D	ATE OF BIRTH		E (In years IF UNDER	and the second s
Male	Calamad		YORCED TI	1887	1ast	brinday) Months	Days Hours
10a. USUAL OCCUPAT O					ounty & State, or foreig	-	TIZEN OF WHAT
done during most of wor			1			,,,,,,	
32 EATHERIE MALE			-	7	Pho his sup		
13. FATHER'S NAME			14	, MOTHER'S MAID	EN NAME		
3					3		
15. WAS DECEASED EVE {Yes, no, or unkown) (If	IN U.S. ARMED FORCE	S? 16 SOCIAL SEC.	JRITY NO. 17 INF	ORMANT		Address	
tros, no, or ancown, the	KA GI YO W OI OI CIDIOLO I SEI Y	ice)					
IB. CAUSE OF DE	ATH [Enter only one ce	use per line for (e), (b)	, end (c).)				INTERVAL BE
PART I, DEATH	WAS CAUSED BY.	Conclusion	thrombosi	_			ONSET AND
II	MEDIATE CAUSE (e)	cereptat	GILOMDOST	.5			7 da
33XX	DUE TO		_				
Conditions, if any,	(-/	Arterios	clerosis,	general			Year
gave rise to immedie (e), stating the un	S DUE TO						1
cause lest,							
Z PART I OTHER	GN FICANT CONDITIO	INS CONTRIBUTING TO	DEATH BUT NOT R	ELATED TO THE TER	MINAL DISEASE CON	DITION GIVEN IN PAI	RT 1(a) 19. WAS a
O I WILL OTHER		Diabetes n	mellitus				1
OLL							YES
OLV ZOB ACCIDENT WA	JNDERTY NG FT 2		NLÊRY O COURED. (E	nter neture of injury	n Perhil or Perhil of it	em 18.)	112 F
OF CONTRIBUTING	CAUSE OF DEATH	Ob. DESCR BE HOW I	NLÛRY O CCURED. (E	nter neture of injury	n Perhil or Perhil of it	em 18.)	1 112
200 ACCIDENT WAS	CAUSE OF DEATH	Ob. DESCR BE HOW I					1 1
200 ACCIDENT WAS	CAUSE OF DEATH	Ob. DESCRIBE HOW I	JRRED 200. PLACE		ferm, 20f. (City or to		onuth)
200 ACCIDENT WAS	CAUSE OF DEATH	Ob. DESCRIBE HOW I	JRRED 200. PLACE fectory,	OF INJURY (Home, I	ferm, 20f. (City or to		1 1
200 ACCIDENT WA OR CONTRIBUTING [(IF EITHER, NOTIFY) 20c. TIME OF IN.UR Hour 6.m. p.m.	CAUSE OF DEATH REDICAL EXAMINER) Month, Day, Year 19	Ob. DESCR BE HOW I	JRRED 200, PLACE fectory,	OF INJURY (Home, t	ierm, 20f. (City or to		ounly)
20. ACCIDENT WA OR CONTRIBUTING I (IF EITHER, NOTIFY) 20c. TIME OF IN. UR Hour a.m. p.m. 21. certify th	CAUSE OF DEATH AEDICAL EXAMINER) Month, Day, Yeer 19 at (I) (this hospital	20d. INJURY OCCU While Not Whi at work at worl	JRRED 20e. PLACE fectory, k	OF INJURY (Home, street, office bldg.,	elc.) 20f. (Cify or to	June 7, 19	(a) (b) (b) (b) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d
20. ACCIDENT WA OR CONTRIBUTING [(IF EITHER, NOTIFY Hour e.m. p.m. 21. certify th saw the decease	CAUSE OF DEATH REDICAL EXAMINER) Month, Day, Year 19	20d. INJURY OCCU While Not Whi at work at worl	JRRED 20e. PLACE fectory, k	OF INURY (Home, s, street, office bldg.,	ierm, 20f. (City or to	June 7, 19	the date state
20. ACCIDENT WA OR CONTRIBUTING I (IF EITHER, NOTIFY) 20c. TIME OF IN. UR Hour a.m. p.m. 21. certify th	CAUSE OF DEATH AEDICAL EXAMINER) Month, Day, Yeer 19 at (I) (this hospital	20d. INJURY OCCU While Not Whi at work at worl	URRED 200. PLACE fectory, k	OF INJURY (Home, t, street, office bldg.,	, 1958, to .1. MED. S	June 7, 19 a causes and on	the date state
200 ACCIDENT WA OR CONTRIBUTING [(IF EITHER, NOTIFY I) 20c. TIME OF IN.UR Hour a.m. p.m. 21. certify th saw the decease 22a. SIGNATURE	CAUSE OF DEATH AEDICAL EXAMINER) Month, Day, Yeer 19 at (I) (this hospital	20d. INJURY OCCU While Not Whi at work at worl	JRRED 20e. PLACE fectory, k	OF INJURY (Home, street, office bldg.,	, 1958, to .1. MED. DIRECTOR PI	June 7, 19 a causes and on	the date state 221
20. ACCIDENT WA OR CONTRIBUTING [(IF EITHER, NOTIFY Hour e.m. p.m. 21. certify th saw the decease	TAUSE OF DEATH MEDICAL EXAMINER) Month, Day, Yeer 19 at (I) (this hospital d alive on	20d. INJURY OCCU While Not Whist work of two of the decoration of	URRED 200. PLACE fectory, k	OF INJURY (Home, t, street, office bldg.,	, 1958, to .1. 25A. Nom the DIRECTOR SPI	June 7, 19 causes and on TAFF	the date state 6/9 ospital
200 ACCIDENT WA OR CONTRIBUTING I (IF EITHER, NOTIFY) 20c. TIME OF INJUR Hour a.m. p.m. 21. certify th saw the decease 22a. SIGNATURE 22c. PHYS CIAN'S NAME (Type)	the decided examiners of the decided examiners	20d. INJURY OCCU While st work st work at work 19 6	JRRED 200, PLACE fectory, k	OF INJURY (Home, street, office bldg., May 26 eath occured at ATTENDING PHYS	, 1958, to 25A. Nom the DIRECTOR SPI	June 7, 19 causes and on IAFF Ad State H Maryland	the date state 6/4 ospital
20% ACCIDENT WA OR CONTRIBUTING [IF EITHER, NOTIFY 20c. TIME OF IN.UR Hour & m. p.m. 21. certify th saw the decease 22%. SIGNATURE 22c. PHYS CIAN'S NAME (Type)	the decided examiners of the decided examiners	20d. INJURY OCCU While st work st work at work 19 6	URRED 200. PLACE fectory, k	OF INJURY (Home, street, office bldg., May 26 eath occured at ATTENDING PHYS	, 1958, to 25A. Nom the DIRECTOR SPI	June 7, 19 causes and on TAFF	the date state 6/4 ospital
200 ACCIDENT WA OR CONTRIBUTING I (IF EITHER, NOTIFY) 20c. TIME OF INJUR Hour a.m. p.m. 21. I certify th saw the decease 22a. SIGNATURE 22c. PHYS CIAN'S NAME (Type)	the decided examiners of the decided examiners	20d. INJURY OCCU While st work st work at work 19 6	JRRED 200, PLACE fectory, k	OF INJURY (Home, street, office bldg., May 26 eath occured at ATTENDING PHYS	, 1958, to 25A. Nom the DIRECTOR SPI	June 7, 19 causes and on IAFF Ad State H Maryland	the date state 6/4 ospital
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07366

L	3 (3 8 9		CEKTIFIC	AIC	OF DEATH			J .	000	
1.	PLACE OF DEATH	1.00	H 9 .	111 GEO9	1/2	USUAL RESIDENCE (W	here decease			efare odm	issian)
	a. COUNTY	Vicomico		MARYLAN	ID	o. STATE Marv	haef	b. COUNTY	Dorche	ster	Jr.
	b. CITY OR TOWN (T	autside carporate limits,	, write	c LENGTH OF STAY IN	1b	c. CITY OR TOWN (If		orate limits, write R		D 0 0	wn}
	RURAL and give ne	carest lawn) Salisbury	7Vn	10mos.14Day	78	East	New M	larket	20	X !	0
Г		At the not in hospital, giv				d. STREET ADDRESS				e. IS R	ESIDENCE
L		eer's Head	Stat	e Hospital							□ NO []
3.	NAME OF DECEASED	First	(or	fillie) Middle		Last	4. DATE OF	Mai	ath	Day	Year
L	(Type at print)	Lill	P. Mary Walter of	Mae		Stanley	DEATH	- uui		17	19 6]
S	SEX	6 COLOR OR RACE	MARRIE	ED 🔣 NEVER MARRIED [ATE OF BIRTH		9 AGE (In years last birthday)	F UNDER 1 YI		- ·
	Female	Negro	WIDOWED	DIVORCED []	12/28/1900		0 /59/ yrs	Manins Do	73 11001	S IVIII
10	during most of work	ON (Give kind of work do ing life, even if retired)	ine 10b K	IND OF BUSINESS OR IN	IDUSTRY	" BUNGHEST	Sector Ob	THE COL	12 CITIZEN	OF WHAT	TCOUNTRY
	pant.	Housework		TORK HO	110	Mary	land			U. S.	. A.
13.	FATHER'S NAME				1.	MOTHER'S MAIDEN	NAME				
	Day	rid Jones				Marg	aret F	Humphreys			
15.	WAS DECEASED EVER	R IN U. S. ARMED FORCE		OCIAL SECURITY NO. 1	7, INFO				Iress		
fa.	No. or unknown)	If yes, give war or dates of sen		19-07-3835	7	Hospital Re	cords	Salis	hurv. M	arvla	and
===		TH [Enter anly one caus	- 13		4	TODIVE COLE ***C			11	NTERVAL	8ETWEEN
		TH WAS CAUSED BY.	,	10 Ilm	10					ONSET AN	D DEATH
	> .	IMMEDIATE CAUSE (a)_ Due to		10000						1	V_V
	Constitution X			In also I	1.0	acu	CRA	11		1	V
	Canditions if an	nmediate (010000			700			-	-7-
	lying cause last.	the under DUE TO	7	naliet	<u> </u>	s the	22i	aus		1	Ý.
O N	PART IL OTH	ER SIGNIFICANT COND	ITIONS CO	ONTRIBUTING TO DEATH	8JT NO	T RELATED TO THE TERM	INAL DISEAS	SE CONDITION GI	VEN IN PART 1(19 WA	SALTOPSY
CATI		Arturi	0	el .	OLL	11 -				YES	
TIFE	20g. ACCIDENT WA	S UNDERLYING 1 2	Ob. DESC	RISE HOW INJURY OCCU	IRRED (E	nter nature of injury in	Part I ar Pa	rt II of item 18 }			
CER	(IF EITHER, NOTIFY	MEDICAL EXAMINER)			U						
CAL	20c. TIME OF INJUR	Y Manth, Day, Year	20d. IN	JURY OCCURRED 20e	. PLACE	OF INJURY (Hame, far	m, 20f. (Cit	y ar tawn)	(Caur	nty)	(State
MEDI	Наиг о. т.	19	While at work	Not while	hactary	, street, affice bldg., et	c.)				
~		t (If (this haspital)		ed the deceased fro	om (8/3/5915	? . to	6/17/61	19	that (I)	(we) las
	saw the deceas	1 /-	17/61			h occurred of 2:				1 '	
	22a SIGNATURE		7)			/	25P.M.				22b DATE
		1771	tal	deur	M D	ATTENDING TO	PIRECTOR .	STAFE			SIGNE
	22c. PHYSICIAN'S			/		22d. ADDRESS					
	NAME (Type)	L. V. Mal	Ldve.	M. D.		P. C	Box	671, Sal	isbury,	Mary	yland
23	a. BUR AL, CREMATIO	N. 23b. DATE THEREOF		23c NAME OF CEMETER	RY OR CI	REMATORY	23d LOCA	TION (City, town,	or capaty)	(\$1	tate)
	REMOVAL (Specify)	June 20,19	961	Thompsonto	m C_{ϵ}	emetery	Near	Bast Ne	w Marke	t, Md	•
24	FUNERAL DIRECTOR		^	ADDRESS		25a. REÇ	D BY REGIS	JRAR 25b. REG	ISTRAR S SIGNA	ATURE	
	X. J. Trams	tory & Son to	Edera	estre q lear.	ind	DATE	UN 2 0	01 ()	lithur S. F	Trans	

TO HOS may be the maspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 72 haurs after death

11

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VR A15 (4) 15M 9/59



TO HOS! It. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed to the hours after death. Page 4 may be retained by the hospital or attending Ehysician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be director, page 3 should be detached for use as the burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/60

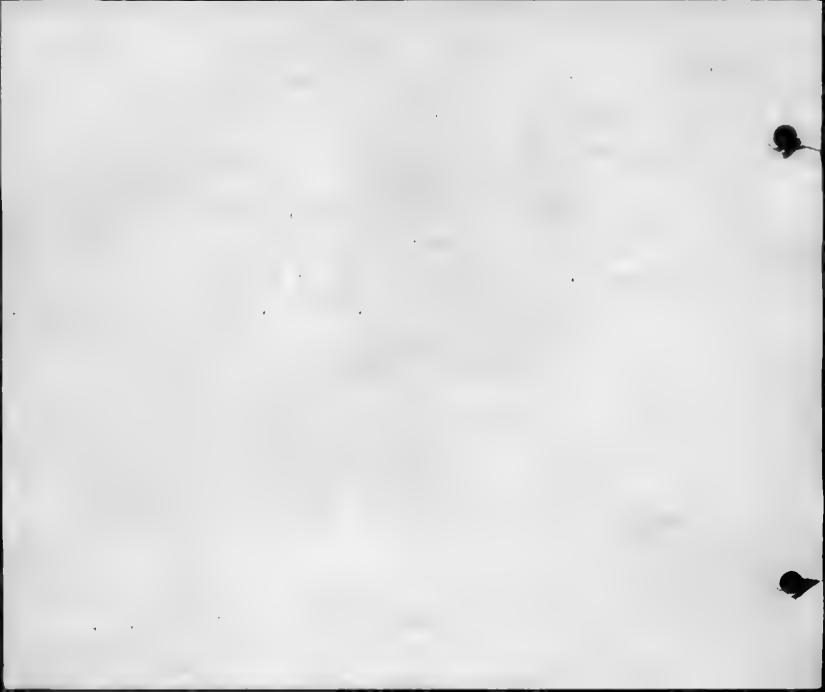
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

17367

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institutions Residence before edmission)
•. COUNTY Wie Omic O MARYLAND	• STATE Maryland b. COUNTY Wic Omic O
b. CITY OR TOWN (if outside corporate limits, c LENGTH OF STAY IN 16	c, CITY OR TOWN (if outside corporete limits, write RURAL and give neerest town)
write RURAL end give neerest town)	
Pittsville 3 Yrs	Pittsville
d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
XXXX	XX YES NOX
3. NAME OF First Middle	Last 4 DATE Month Day Yeer
(Type or print) EDGAR JAMES STEPHENS	ON DEATH June 26 1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In yeers HE UNDER 1 YEAR IF UNDER 24 HRS.
	lest birthdey) Months Devs Hours Min.
Male White WIDOWED DIVORCED 100. USUAL OCCUPATION (G ve kind of work 100. KIND OF BUSINESS OR INDUSTR	July 14, 1922 38 yrs. 1 Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY
done during most of working life, even if retired)	THE BIRTHPLACE (County & Steen, or foreign country) 12. CHIZEN OF WHAT COUNTRY
Nurseryman Laborer	Maryland USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George M. Stephenson	Elvine Bratten
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1	
(Yes, no, or unkown) (Ifyesgivewarordetesofservice)	George M. Stanbarron Dittanii 3 - 353
18. CRUSE OF DEATH [Enter only one couse per line for (e), (b), end (c),	. George M. Stephenson Pittsville, Md.
	ONSET AND DEATH
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (*)	clusion 10 minute
420.1 DUE TO (/0 \	
Conditions, if any, which \ (b) after selesses	2,
geve rise to immediate ceuse	
(e), steting the underlying couse lest.	
A DATE OF CONTRACT CONTRACTOR OF CONTRACT OF CONTRACTOR OF	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NO	PERFORMED?
5	AE2 NO M
206 ACCIDENT WAS UNDERLYING _ 206. DESCRIBE HOW INJURY OCCURED. OR CONTRIBUTING _ CAUSE OF DEATH OF (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter nature of injury in Part I or Part H of Jam 18.)
U (IF EITHER, NOTIFY MEDICAL EXAMINER)	
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	
at wast at work	pry, street, office bldg., etc.)
	1-9-19/ha 1/3/5/1/10 11/10/01/11
21. I certify that (I) (this hospital) attended the deceased from.	
saw the deceased alive on b 19.2./, and that	death occured at ATM, from the causes and on the date stated above.
22e. SIGNATURE	ATTENDING MED STAFF 22b. DATE 5[GNED
Trank Lewest "	NAME OF THE PROPERTY OF THE PARTY OF THE PAR
22c. PHYS CIAN S NAME (Type)	22d. ADDRESS
NAME (Type)	Willards Ma.
238. BURIAL, CREMATION, 235. DATE THEREOF 23c. NAME OF CEMETERY	DR CREMATORY 23d. LOCATION (City, town or county) (State)
REMOVBUPTED 6/28/61 Friendshi	Pittsville, Md.
	25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
atson & whaley selbyville, Delaw	aie IIIN 30'61 Orthur X. Flank
matson & whaley selbyville, Delaw	DATE



4 .	(NA)		7372 CERTIFICATE OF DEATH Reg. Dist. No. 97368
Page	INI INI	1.	ACE OF DEATH COUNTY ///Comico MARYLAND 2 USUAL RESIDENCE (Where deceosed lived If institution Residence before admission) o. STATE D. COUNTY BOLLETSET
r death.	old be f		CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Princess Anne, Md Rt #2
	d 2 sho		NAME OF HOSPITAL (If not in hospital, give street oddress) OR ASSTITUTION OR A FARM FENERAL HUSPITAL ON A FARM YES NO!
in 24 h	es 1 ond	3.	AME OF First Middle STEVENSON 4. DATE Month Day Year OF DEATH JUNE 28 196
d within	2	5. :	
execute	after deoth.	100	USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY II BIRTHPLACE (Stole or foreign country) Farmer Solf Employer Maryland U.S.A.
tate be	e carbon	13.	ATHER'S NAME Caroline Hargis
certific	72 hau	1S (Ye	VAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address Lens Alford, Frincess Anne, Maryland
he death	en pleas		B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Careful All Ca
s that t	nit. Th		Conditions, if ony, which (b)
require	and in a	_	gove rise to immediate couse (a), stating the <u>under-lying couse last.</u> DUE TO (c) (c)
The Taw physics has bee	movol,	ICATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDIT ON GIVEN IN PART 1(a) 19. WAS AUTOPERFORMED? YES 1 NO
CIAN: trending	s the bu	AL CERTIFIC	20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port It of item 18.) OR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSI tal or o	or use o	MEDICAL	19c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while of work of twork of twork of twork of two
SNDING Te hospi	oched fo		21. I certify that I attended the deceased fram. <u>Confirmation</u> , 1964, to <u>Condition</u> , 1966 that I last saw the deceased from the causes and on the date stated about a course of the
R ATT	ld be der		ACTUAL GOLD SE GOLD M.D. Date SIGN ACTUAL GOLD SE GOLD M.D. Date SIGN ACTUAL GOLD SE GOLD M.D. Date SIGN ACTUAL GOLD M.D. DATE SI
S & S	shau		PHYSICIAN'S NAME (Type)
TO HOSP may be	page 3	1	8URIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (5tote) 7/I/6I John Wesley Cottage Grove Haryland
VS A1S	(4)		illiam H. James Jr. Princess Anne, Md Date of the last of the la

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

VS A1S (4) 15M 9/58



1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
4 52		CERTIFICATE OF DEATH Reg. Dist. No. 07363
Page 4 director, iled with	(M)	1. PLACE OF DEATH O COUNTY WICOMICO MARYLL 2 USUAL RESIDENCE (Where deceased lived If institution- Residence before admission) O. STATE MARY LAND B. COUNTY WICCOMICO
eral be fi	XX	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
offer de fun should	090	d. NAME OF HOSEITAL (If not in hospital, give street oddress) or instruction Avanua e. is residence or instruction Avanua e. is residence on a farm?
B 52	0 11	JOHN B. VALSONS TOME TO TIGED HOMY DIMANSY BY THE METHOD YES NO DI
ithin 24 ily filled Pages 1		(Type or print) IdA (NONE) TOADVINE DEATH JUNE 30 1961
3 2	T	FEMALE WHITE WIDOWED DIVORCED JUNE 3, 1866 Topy Months Doys Hours Min.
executed nd comple		100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY 13. CITIZEN OF WHAT COUNTRY 14. CITIZEN OF WHAT COUNTRY 15. CITIZEN OF WHAT COUNTRY 16. WARY (LERK)
ote be	die	SIGNEY TYACK ANDEN NAME AVABELLA TILLIFU
ertifice physic remove	2 haurs	15. WAS DECEASED EVER IN U.S ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT (Vo., no or unknown) (If yes, give wor or date of service)
death of	ifbin 7	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]
t the at Then p	v en v	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) REGISTER / PROMINENTS DUE TO
res tho	any	Goverise to immediate DUE TO
r requi	ם מם	Lying couse lost. (c)
he law physic has ber riol-tra	novel,	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19 WAS AUTOPSY PERFORMED? YES NO OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
ending ficate the bu	ē /	
PHYSIC hal or att this certi ir use as	emotion.	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. m. p. m. 19 of work of wor
Aping hospil After thed fo	יַם), ס	21. I certify that I attended the deceased from
ATTEN by the CTOR: e detac	5 2	ADDRESS (Street, city or town, shole) DATE SIGNE
Ped	or prio	PHYSICIAN'S
be s	registror pri	NAME (Type) 220, BURIAL, CREMATION, 226 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Jown, or county) (Stote)
TO FUN	e E	23. PONERAL DIRECTOR'S SIGNATURE / 1 ADDRESS 240. REGISTRAR'S SIGNATURE
VS A15 (4) 15M 10/57		Thomas thallan Haleston 1 / bare JUL 5 '61 circus & thomas



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No.

a. IS RESIDENCE

12. CITIZEN OF WHAT COUNTRY?

INTERVAL SETWEEN ONSET AND DEATH

PERFORMED?

(County)

24b. REGISTRAR'S SIGNATURE Circhar S. Krans

24a. REC'D BY REGISTRAR

YES TO NO THE

(State)

ON A FARM? YES NO |

Year

1961

TO IUMERAL

15M 9/58



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH e. COUNTY e. STATE Wisomico MARYLAND b. CITY OR TOWN (if outside corporate limits, r. LENGTH OF STAY IN 16 Salisbury 2h60 davs Secretary .57 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS Head State Hospital papers. In 72 hou completely 3. NAME OF 4. DATE M.ddle DECEASED OF (Type or print) Maggie DEATH Sue Townsend June and cor carbon nt, withir 16. COLOR OF RACE 7. MARRIED NEVER MARRIED Female White WIDOWED I event, 10e. USUAL OCCUPATION (Give kind of work done during most of working life over if refire гетточе 106, KIND OF BUS NESS OR INDUSTRY 13. GATHER'S NAME 14. MOTHER'S MAIDEN NAME ā ding 4 WAS DECEASED EVER IN U.S. ARMED FOR Address (Yes, no, or unkown) , (Ifyespive were release service) 18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), and (c).] RT I. DEATH WAS CAUSED BY. Bilateral bronchopneumonia pillysic IMMEDIATE CAUSE (e) signed has been signe e burial-transit DUE TO attending peen Conditions, if ony, which (b) gave rise to immediate cause DUE TO (e), stelling the underlying ceuse lest. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(6) 19, WAS AUTOPSY certif, cate SE Diabetes mellitus; arteriosclerotic heart disease; arteriosclerosis, prior 2 200. ACC DENT WAS UNDERLYING _]
OR CONTRIBUTING [] CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of in any in Pert I or Pert II of item 18.) may be retained by the DIRECTOR: After this 3 should be detached for 2Dc. TIME OF INJURY 2Dd. INJURY OCCURRED , 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Month, Day, Year factory, street, office bldg., etc.) While Not While Hour a.m. et work et work June 29 1961 saw the deceased alive on .. 0:35 P.M. 22e, S GNATURE ATTENDING STAFF MED က DIRECTOR PHYS PHYS. death. Page 4 Idector, page 3 be filed with the 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) V. Maldve, M. 23c. NAME OF CEMETERY, OR CREMATORY BURLAY, CREMATION OH

VR A15 (4)

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) **b.** COUNTY Dorchester c. CITY OR TOWN (If outside corporate I m'ts, write RURAL end g've nearest town) e. IS RESIDENCE ON A FARM? YES NO 19 AGETT years HE UNDER 1 YEAR IF UNDER 24 HRS. Months Deys Hours 12 CHUZEN OF WHAT COUNTRY? ONSET AND DEATH hrs PERFORMED? (Courty) 22b. DATE GNED 30/61 Deer's Head State Hospital; Salisbury, Md. 1 23d LOCATION (City, town or equally) 25b. REGISTRAR'S SIGNATURE REGISTRAR

ariling S. Thous



VS A1S (4) 15M 9/5B

MARYLAND	STATE DEPARTMENT OF HEALTH—BALTIMO	ORE, 18
7383	CERTIFICATE OF DEATH	

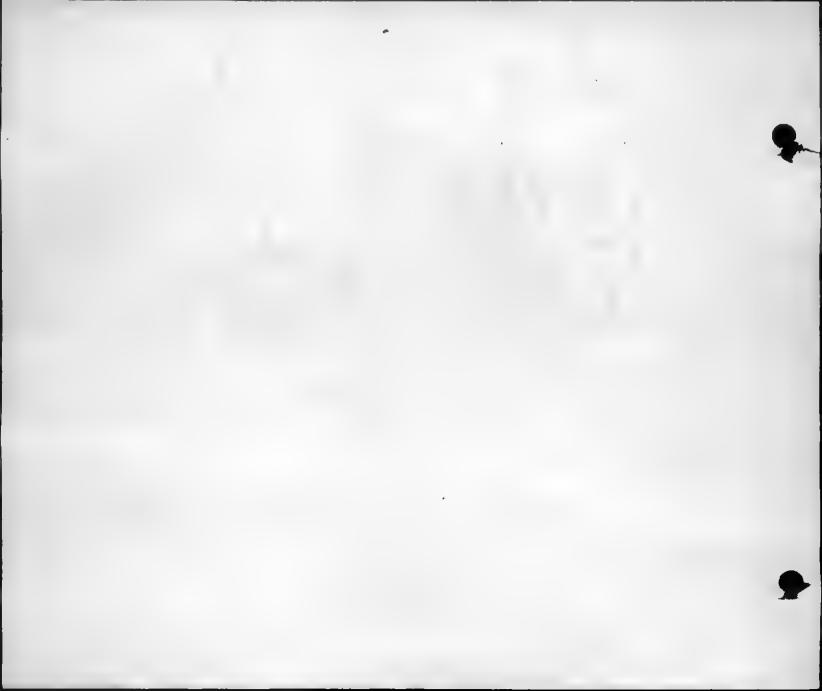
Reg. Dist. No. 27372

PLACE OF DEATH o. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. STATE b. COUNTY ACCOMECK
b CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d STREET ADDRESS IS RESIDENCE ON A FARM?
DENLUSULA GENERAL HOSPILAL	YES NO
3. NAME OF First Middle DECEASED	Lost 4. DATE Month Day Year OF DEATH /2 19 6 /
(Type or print) Clarance Lee	
S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B DATE OF BIRTH 9 AGE (In yeors IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months Doys Hours Min
Male White WIDOWED DIVORCED	Dec. 1, 1888 72 45
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IND during most of working life, even if retired)	to the second se
Ret. Maintenance man. Westing how	se Virginia U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
David Watson	Annie Taten
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO	INFORMANT Address
191-14-5857	Weetha walson
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: L. C. 1862 MM i	ONSET AND DEATH
163Y DUE TO	
Conditions, if any, which) (b)	b /
gove rise to immediate couse (a), stating the under-	
lying couse lost.	
	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
5	PERFORMED? YES NO
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BY 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter noture of injury in Port I or Port II of item 18)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e.	PLACE OF INJURY (Home, form, 20f (City or town) (County) (State)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED thour o. m. While Not while of work of work of work	foctory, street, office bldg., etc.)
	1 19 to (1) 12 (6) 10 that I lest saw the decorred
21. I certify that I attended the deceased from 44	
alive on lef fifter, 19 and that dea	th accurred at 20/M, from the causes and an the date stated above. ADDRESS (Street, city of town, state) DATE SIGNED
SIGNATURE LE 4/red de Chigocost	M.D. 2612 4 2012 40 m of 6/17/6/
PHYSICIAN'S Affred W. GRIGOLE	
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY BURIAL June 26, 1961 John Taylo	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
welliam B. Lalyer Chincoteng	ve, Va, DATE



physic

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

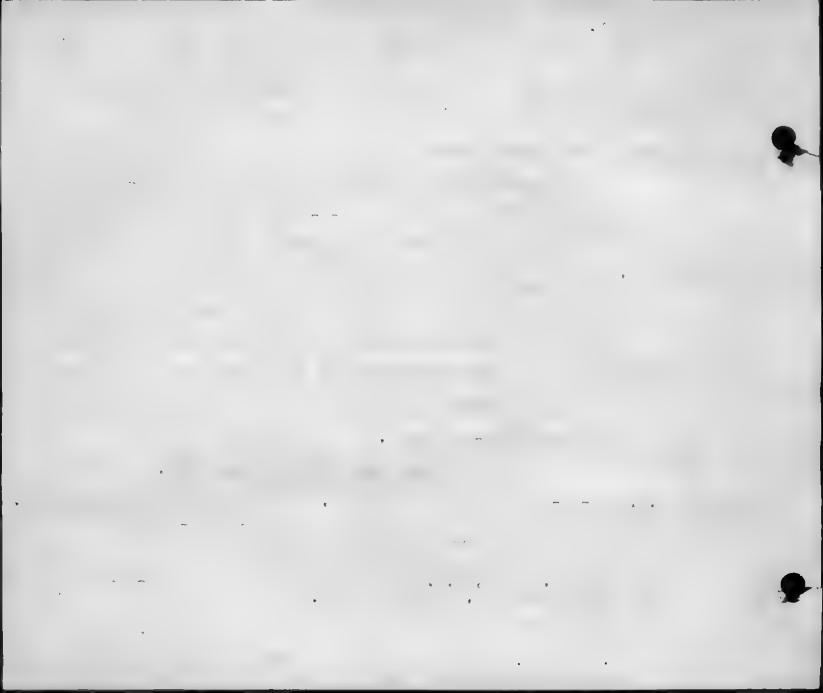


AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved, if institution: Residence before admission) director. Page or your files. a. COUNTY e. STATE 5. COUNTY Maryland Somerset b. CITY OR TOWN (1 outside corporate limits, MARYLAND c. LENGTH OF STAY IN 16 冷 write RURAL and n've nearest lown) d. NAME OF HOSP TAL ON INSTITUTION (if not in hospite), give street address) Quarter Dames IS RESIDENCE ON A FARM? retained he State B YES NO X Deers Head State Hospital 3 to the fune 4. DATE Month DECEASED with the (Type or print) DEATH Martha Washington White

6. COLOR OR BACE 7. MARRIED NEVER MARRIED | B. DATE OF BIRTH 9. AGE (In yours | IF UNDER 1 YEAR | IF UNDER 24 HRS. may I s 1, 2, and 3 age 5 may 1 and 2 wit 72 hours a lest birthdey) WIDOWED FT DIVORCED [10e. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? Page . done during most of working life, even if retired) in pencil in Item 18. Give Pages 1, File peges 1 House House Work Maryland 13. FATHER'S NAME Office along with form PM3. burial-transit permit. File pege 14. MOTHER'S MAIDEN NAME John S. Jones Jane Laetherbury 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT permit. (Yes, no. or unkown) i (If yes give we rordeles of service) Herman Jones Princess Anne, N ryland 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CALSE (a) Broncho-pneumonia Days **DUE TO** Fractured right hip with infection Weeks peve rise la immediate cause Examiner's DUE TO (a), stating the underlying Diabetes Mellitus be used PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? exacute the certificate, writing the word Generalized arterio-sclerosis.

206. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTION OF CONTRIBUTIO NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18.) CALISE OF DEATH. Fell at home and fractured right hop. should be forwarded to the Chief FUNERAL DIRECTOR: Page 3 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED, 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) fectory, street, office bldg., atc.) While Not While of work W Dames Quarter Somerset Md. prior 21 I certify that I took charge of the remains described above, held an Autopsy . Inspection K. Inquiry X and in my opinion Accident T. Undetermined manner death resulted from: Natural causes Suicide Homicide | CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER NAME (Type) ighthey Affress (Street, city, lown, or county) please 4 shoul B24. BURIAL CREMATION 22d, LOCATION (City, lown, or country) REMOVAL (Specify) OF. Lacedonia Dames Quarter Maryland 240. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME 5M 7/59 H. James Jr. Princess Anne. Md DATE JUN 2 7 '61 Cirching & Three

LARYLAND STATE DEPARTMENT OF HEALTH



TO HO. ALL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Age 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, campain, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/60 MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

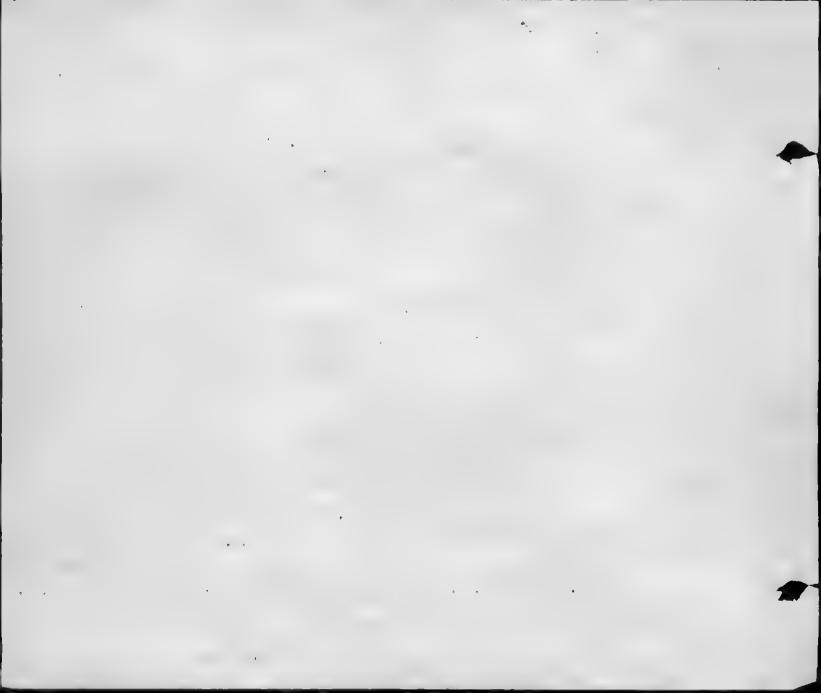
COUNTY WI COMI CO.

ACE OF DEATH

COUNTY WI COMI CO.

STATE Maryland b. COUNTY One on Annel

	1		
VI		PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission)
ľ	7	. COUNTY Wicomico	* STATE Maryland b. COUNTY Queen Anne's
\neg 1		MARILAND	c. CITY OR TOWN (If outside corporate hm ts, write RURAL and give nearest town)
		b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY N lb write RURAL and give nearest town)	
!		Salisbury 104 days	Centreville / 7 ×
		d NAME OF HOSPITAL OR INSTITUTION, if not in hospital, give street address	d STREET ADDRESS a. IS RES.DENCE
1	1	Deer's Head State Hospital	415 S. Liberty Street YES NO N
	3.	NAME OF First Middle	Last 4. DATE Month Dey Yeer
		DECEASED (Type or print) Burton	Wicks DEATH June 5 19 61
	٥.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 4. B.	DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthdey Months Deys Hours Min
		Male Colored WIDOWED DIVORCED	52 yrs.
	10e		Y 11 B RTHPLACE (County & State, or fore an country) 12. CITIZEN OF WHAT COUNTRY?
		JAnitor JAnito	+ MARILLED 1.1.5A
			14. MOTHER'S MAIDEN NAME
			1
		151) CK 1011045	Hanes trench
		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. 8. ng. or unkown) ((Ifyesgivewerordatesofservice)	NFORMANT CALL O Address
	110	218-20-3958	and Little Centralloshod.
	1	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY	ONSET AND DEATH
		IMMED ATE CAUSE (e) Bronchopneumonia	2 days
		DUE TO	
		Conditions, if any, which \ (b) Recurrent cerebra	l vascular accident ll days
		geve rise to immediate cause	
~		(a), stelling the underlying	meneral Vone
	_		T RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS ALTOPSY
	ŏ		PERFORMED?
-	3	Diabetes mellitus	YES NO
	CERTIFICATION	208. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED. OR CONTRIBUTING [] CAUSE OF DEATH	Enter neture of injury in Pert I or Pert II of item 18)
	CE	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
	AE		CE OF NJURY (Home, ferm, 20f. (City or lown) (County) (State)
	MEDICAL	Hour a.m. While Not While factor	ory, street, office bldg., etc.)
	×	p,m, 12	
			Feb. 21
		saw the deceased alive onJune. 5 1961., and that	death occured atM, from the causes and on the date stated above.
		22e. SIGNATURE	22b, DATE ATTENDING MED. STAFF SIGNED
		Merican	D. PHYS. DIRECTOR PHYS. & 6/6/61
		22c. PHYSICIAN'S	22d. ADDRESS
		NAME (Type) V. Juerman, M. D.	Deer's Head State Hospital; Salisbury, Md.
	-		
	238	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	
	1	Queal 6-0-61 Commen	all la I dues tours, had
	24	FUNERAL DIRECTOR'S SIGNATURE	256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
,		Jones B& bellel Easter, in	V. DATE JUN 1.6 '61 COLLAR P. HOLLAR
			The state of the s



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET. BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) director. Percont rock that the a. COUNTY e. STATE **b.** COUNTY Wicomico MARYLAND Maryland Wicomico b. C TY OR TOWN (if outs de corporate limits, c CITY OR TOWN If ouls de carparete limits, write RURAL end give nearest town) C. LENGTH OF STAY IN 16 write RURAL and give necrest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Salisbury ained for State Board d STREET ADDRESS e. IS RESIDENCE ON A FARM? retained ne State B YES NO T NAME 069 DATE DECEASED he OF the (Type or print) DEATH 19 Evette 6-7-61 may be 2 with NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED last birthday Hours Months WIDOWED [DIVORCED ಕ್ಕಾರ ರಾಜ್ಯ 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) pages 1 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James P. Morr 17. INFORMANT Morris 16. SOCIAL SECURITY NO I (Yes, no, or unknown) i (If yesqiye we rordetes of service Office along with familiary permit amoval, and in any e 18. CAUSE OF DEATH (Enfer only one cause per line for (e), (b), and (c) ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Broncho-pneumonia Hours **DUE TO** Conditions, if any, which (6) geve rise to immediate gause 10 **DUE TO** 98 (e), steting the underlying Examiner cause lest. used ion, o PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0), 19, WAS AUTORSY CERTIFICATION writing the word "
Chief Medical Ex
Page 3 should be to burial, cremative PERFORMED? NO I 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Part II of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED , 20a, PLACE OF INJURY (Home, farm, ' 20f. (City or town) [County] (State) factory, street, office bldg., etc.) While Not While Hour a.m. et work et work p.m. 5 | 21. I certify that I took charge of the remains described above, held an Autopsy X Inspection X Inquiry and in my opinion DIMERT death resulted from: Natural causes V Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL SIGNATURE DEPUTY MEDICAL EXAMINER 6-8-61 EXAMINER'S NAME (Type) Mess (Street, city, town, or county) 220 BURIAL, CREMATION. 22d. LOCATION (City, town, or country) (Stafe) REMOVAL (Specify) 240 g Burial Salightry

24. REC'D BY REGISTRAR'S SIGNAT Green 23. FUNERAL DIRECTOR VS. A15ME DATEJUN 1 6 '61 arthur & Kraus 5M 9:60



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7388 CERTIFICATE OF DEATH

Reg. Dist. No. 07378

- 1	-		
	1. [1. PLACE OF DEATH O. COUNTY WICOMICS MARYLAND 2. US O.	UAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE b. COUNTY L. L. C. M. L. C. O.
	-		CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
		SAlishury	12 SPROCE-DELMAR
,			STREET ADDRESS e. IS RESIDENCE ON A FARM?
	3.		YES NO
	Ψ.	3. NAME OF First Middle DECEASED (Type or print) LEVERING THUMAS	Government
	5. 5	6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE MAI E WIDOWED DIVORCED 1/-	9. AGE (In years lef UNDER I YEAR IF UNDER 24 HRS lost birthday) Months Days Hours Min.
	10a	10a. USUAL OCCUPATION (Give kind of work dane 10b, KIND OF BUSINESS OR INDUSTRY 11	BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY
	1	TRUCK DRILLER TRUCK	BLOXUM, Va USA
	13.	13. FATHER'S NAME	OTHER'S MAIDEN NAME
1	A	ROBERT YOUNG M	ARTHA JANE BARNES
1	15. (Yes	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMAL (Yes, no, or unknown) [1] (If yes, give war or dates of service)	ANT Address M.D.
		NU - 222-07-1292 B	EATRICE YOUNG DELMAN
j		18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
1		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Coronary Clarke	of Mirombour 12 ters.
1		42.01/ DUE TO	
1		Canditions, if any, which (b)	
J		gave rise to immediate Cause (a), stating the under-	
ı		lying couse last. (c)	
	CATION	Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE	ELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	CERTIFIC	20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	nature of injury in Part I or Part II of item 18.)
	MEDICAL	20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED 40e. PLACE OF factory, str	INJURY (Home, farm, 20f. (City or town) (County) (Stote eet, office bldg., (C))
١	Σ	5 3 3	61 4 2 2 11
ı		21. I certify that I attended the deceased fram. Ture 2.	196/, to ferre 22, 196, that I last saw the deceased
ı		alive an 19 of and that death occur	rred at A. M. fram the causes and an the date stated abave
		ACTUAL AVE OUT &	ADDRESS (Street City-oc. Lown, stole) DATE SIGNED
		SIGNATURE Claud Laboration M.S.	Jacobury 12 place - 170
		PHYSICIAN'S NAME (Type)	
	220	220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF GEMETERY OR COMP	22d. IOCATION (City, tayp, or caunty) (Style)
	1	130121/12 6-25-61 Odd Tell	us Invest Del
	23.	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	1	M-3-Ma 10 Vm-	DATEUN 2 6 '61 Cilma S. Kinns

and the second of the second o 12 2 1 R 2 L E T BELLY 6 H THE RELEASE STATE OF THE PARTY. ROBERT FOUNDS MAITHE TAKE GATTE SHED DAVID THE DOWN THE PARK TO THE The state of the Country of the Coun BURNER OF THE LEEST DESCRIPTION FROM RESERVED 1465-14 come Mar - 10 lever - week

VS A1S (4) 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

200	CERTIFICATE	OF	DEATH

Reg. Dist. No. 07379

1. PLACE OF DEATH o. COUNTY 1. 2. Chim (C.	Ö	MARYLAND	2. USUAL RESIDENCE (WI o. STATE Maryland	here deceased lived	. If institution: Residence b. COUNTY WICOMIC	e before admission)
b. CITY OR TOWN (If outside o	orporate limits, write	c. LENGTH OF STAY IN 1b		aulside corporate lin	mits, write RURAL and g	ive nearest town)
SP/15 by		1 Day	X Salisbu	יייני		
d. NAME OF HOSPITAL (If not			d. STREET ADDRESS	- J		e. IS RESIDENCE
PENINSULA	GENER	eal Hospital	Rt#2			ON A FARM? YES NO TO
3. NAME OF DECEASED (Type or print)	First BRIAN	Middle SCOTT	ZIARA	4. DATE OF DEATH	Month June	Day Year / # 196/
4-17	RORRACE 7. MARR		B. DATE OF BIRTH 6/13/6/	11 32 9. AG	E (In years IF UNDER Months yrs.	1 YEAR IF UNDER 24 HR
Oo. USUAL OCCUPATION (Give k during most of working life, ex - N - A N	ind of work done 10b. ren if retired)	NONE	STRY 11. BIRTHPLACE (Store	or foreign country)		S.A.
I3. FATHER'S NAME	- '		14. MOTHER'S MANDEN	NAME		
DAVID 2	LIARA		SANO	RA Shi	ek	
(Yes, no. or unknown) (If yes, give w	ARMED FORCES? 16.	1	m. David	ZIARA	SAME	
Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse lost. PART II. OTHER SIGNIF	DUE TO	ematuraly CONTRIBUTING TO DESTH BUT	Possible Definition	AINAL DISEAS CON	Parties IN PARTI	PERFORMED?
₹		V				I VEC I NO I
PART II. OTHER SIGNIF	YING 20b. DESC	CRIBE HOW INJURY OCCURRED	D. (Enter nature of injury in	Port I or Port II of	item 18.)	YES NO
20g. ACCIDENT WAS UNDERLOOP ON CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL YOUR TOWN OF THE CONTRIBUTION	Doy, Year 20d. In While	NJURY OCCURRED 20e. PL/	D. (Enter nature of injury in ACE OF INJURY (Home, forn tory, street, office bldg., etc.	m, 20f. (City or tov		YES NO County) (State
20c. TIME OF INJURY Month, Hour a. m. p. m. 21. I certify that I atte alive an ACTUAL SIGNATURE PHYSICIAN'S	Doy, Year 20d. In While of work	NJURY OCCURRED 20e. PLAN of while of work of work of work of white death of work of wo	ACE OF INJURY (Home, forn tory, street, office bldg., etc.	M, 20f. (City or town) 6/14 M, from the cappress (Street, cappress)	wn) (C , 1941, that I la	
20c. TIME OF INJURY Month, Hour a. m. p. m. 21. I certify that I atte alive an	Doy, Year 20d. In While of work ended the decease of the condition of the	NJURY OCCURRED 20e. PLAN of while of work of work of work of work of the plan	ACE OF INJURY (Home, form tory, street, office bldg., etc. (13, 19 (1), to accurred at 8 4 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	M, from the cappress (Street, cappress) Dela 22d. LOCATION (wn) (Co., 1961, that I la: causes and an the lity ar town, state) City, fown, ar county)	st saw the decease date stated above DATE SIGNE 6-14-6
20c. TIME OF INJURY Month, Hour a. m. p. m. 21. I certify that I atte alive an	Doy, Year 20d. In While of work ended the decease of the control o	NJURY OCCURRED 20e. PLAN of while of work of w	ACE OF INJURY (Home, form trory, street, office bldg., etc. G13, 19 G1, to accurred at 8 4 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	M, from the cappress (Street, cappress) Dela 22d. LOCATION (wn) (C , 1961, that I la: causes and an the ity ar town, state) Def	st saw the decease date stated above DATE SIGNE 6-14-6

The second secon Reference of the Committee of the State of t many the property of the second with the same of t Stiller galdal-